

EXHIBIT C:
R. Weigand Medical Records as of
September 24, 2020

NAPHCARE MEDICAL DEPARTMENT
SICK CALL REQUEST-MANAGED BY TECHCARE

Date and Time Received
9/17/20 1300

Received By
[Signature]

Name (Nombre) WEIHAUD, RUBEN	Date of Birth (Fecha de Nacimiento) [REDACTED]	Location/Unit (Posicion/Unidad) 3A-08	Inmate Number (Número de Recluso) 221172 20-1825	Today's Date (Fecha de Hoy) 9/16/2020
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Complaint (Queja)

Can you please issue me a blue card for my contact lenses? My glasses have been taken from me and my lawyer will drop more contacts on Saturday 9/18/2020

Inmate Signature (Firma de Recluso)

TRIAGE

Action ☐ Refer to Provider - Sick Call; ☐ Refer to MH - Sick Call; ☐ Refer to MH - Chart Review
 Taken ☐ Refer to Medical Records; ☐ Refer to OB/GYN; ☐ Refer to Dental
☐ Refer to Optometry; ☐ Nursing Protocol Initiated ☐ Other: _____

Face to Face Date

09/17/20

Face to Face Time

1300H

Staff Signature

Jonathan WNursing
S:

O:	Temp	Pulse	Resp	O2 Sat	B/P
----	------	-------	------	--------	-----

A:

P:

YOUR contacts will need to pass SECURITY inspection upon receipt. Once received, you will be provided a blue

Nurses / Provider Signature

Date Completed

Time Completed

9-17-2020**1540****CAPE**

For Jail Use Only

NAPHCARE MEDICAL DEPARTMENT SICK CALL REQUEST-MANAGED BY TECHCARE				Date and Time Received 3/11 PM	Received By
Name (Nombre) WEIGAND, RUBEN	Date of Birth (Fecha de Nacimiento) [REDACTED]	Location/Unit (Posicion/Unidad) 3A-08	Inmate Number (Número de Recluso) 221172	Today's Date (Fecha de Hoy) 3/12/2020	
Complaint (Queja) My glasses have been taken for decontamination and I need a container to store my contacts, so I'll be able to see in the mornings before medical replaces them					
					Inmate Signature (Firma de Recluso) [Signature]
TRIAGE	Action <input type="checkbox"/> Refer to Provider – Sick Call; <input type="checkbox"/> Refer to MH – Sick Call; <input type="checkbox"/> Refer to MH – Chart Review Taken <input type="checkbox"/> Refer to Medical Records; <input type="checkbox"/> Refer to OB/GYN; <input type="checkbox"/> Refer to Dental <input type="checkbox"/> Refer to Optometry; <input type="checkbox"/> Nursing Protocol Initiated <input type="checkbox"/> Other: _____				
Face to Face Date		Face to Face Time		Staff Signature	
Nursing S:					
O:	Temp	Pulse	Resp	O2 Sat	B/P
A:					
P:					
E:					
CONTAINER SUPPLIED					
Nurses / Provider Signature RWJ, RN		Date Completed 9-13-20		Time Completed 1610	
For Jail Use Only					

diagrams, proposed tx plan, etc. for review by MMB prior to care. Thank you.

MMB Reviewer: _____ MMB Physician: _____ Date: _____

Comments:

08/28/2020 5:43AM - Review Complete by jamie.hamilton

GI consult, for biliary stent removal, approved at this time. If further testing, treatment or surgery is required please submit another ePMR with supporting objective medical documentation/notes, lab results, x-rays, diagrams, proposed tx plan, etc. for review by MMB prior to care. Thank you.

08/27/2020 2:51PM - Prisoner Medical Request initiated by kelly.gutierrez_2
GASTRO

WEIGAND, RUBEN (P00221172) 2000001825

Module: 3C 11

Date: 8/25/2020

Inmate Name: Wojanand, Ruben

DOB: [REDACTED] Booking#: 800221172

MEDICAL AUTHORIZATION FOR:

☐ Low bunk/Low tier D/T: Stop date 8/27/20

☐ Nothing to eat or drink after midnight Medical appt

☒ Other: OK to use IS / keep in cell.
8/25/2020

ANAHEIM GLOBAL MEDICAL CENTER**Patient Discharge Instructions**Patient Name: **(Secured) WEIGAND, RUBEN**Visit ID: **100242549**MR Number: **001092540**DOB: **[REDACTED]**

Discharged:

Attending: **MINMIN MYA****Patient Education**

Piperacillin/Tazobactam (Injection) (Injectable)

Language: ENGLISH

Provided on: 08/16/2020 8:54 am

Discharge Instructions**Discharge Date/Time**

- 08/24/2020 05:02 pm

Medical Follow Up

- Take your discharge instructions and your discharge medication list to your follow-up doctor visit.

1) Physician Name

- Dr. Gaddam, Syam

Group Note: Follow up with GI doctor in 3-4 weeks

1) Call for Appointment

- Yes

Home Health Services / Medical Equipment / Referrals

-

Discharge Instructions 2**Symptoms To Report To MD**

- Signs and symptoms of infection, fever
- Increased redness, swelling, pain, drainage, numbness or coolness at any surgery site
- Bleeding
- No bowel movement for 2-3 days
- Abdominal distention
- Feeling weak or dizzy

Pain Control Plan

- Take pain medicine as ordered. Call your doctor if your medicine is ineffective, if your pain changes or you have new pain.

Wound Care

- Keep dry and clean

SIGNATURE/DATE/TIME

Provided by: _____

Provided by: _____

Received by: _____

Received by: _____

ANAHEIM GLOBAL MEDICAL CENTER

Patient Discharge Instructions

Patient Name: (Secured) WEIGAND, RUBEN

Visit ID: 100242549

MR Number: 001092540

DOB: [REDACTED]

Discharged:

Attending: MINMIN MYA



Discharge

COMMUNITY RESOURCES

- Suicide Prevention Lifeline 1-800-273-8255

HEALTH-RELATED WEBSITES

- www.justmove.org - Physical Activity
- www.americanheart.org - Heart Education
- www.deliciousdecisions.org - Healthy Recipes
- www.aa.org - Alcoholics Anonymous

SIGNATURE/DATE/TIME

Provided by: _____

Provided by: _____

Received by: _____

Received by: _____

FINAL (SIGNED)

ANAHEIM GLOBAL MEDICAL CENTER

Discharge Summary Note

Patient:	Sex:	DOS:	MR#:	Admit Date:	Discharge Date:
WEIGAND, RUBEN	Male	08/24/2020 16:40	001092540	08/16/2020 01:25	

Age:	DOB:	Room:	Bed:	Visit #:
38Y		408	1	100242549
Attending Physician:	Created By:	Creation Date:		
MYA, MINMIN	HARN, ABRAHAM	08/24/2020 16:40		

Admitting Diagnosis

RIGHT UPPER QUADRANT PAIN

Discharge Diagnosis

CALCU GB BD W/O CHOLCYST W/OBST

Discharge Condition

Stable and improved.

HISTORY

Allergies

Last Verified By: JOANA CENDANA, RN on 08/15/2020 19:20
No Known Drug Allergies

RESULTS

Laboratory

No Lab Results for the past 24 hours

Order	Test	Value	Reference Range	Comments	Status	Collection

PLAN OF CARE

Assessment:

Obstructive jaundice
Choledocholithiasis s/p ERCP with biliary stent and sphincterotomy
s/p cholecystectomy 8/22
Custody

Plan:

discharge back to jail
follow up with GI in 3-4 weeks to plan for biliary stent removal.

WEIGAND, RUBEN (P00221172) 2000001825

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Monday, August 24, 2020 4:44:51 PM - Page 1/2]

FINAL (SIGNED)

ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Gastroenterology

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/24/2020 15:37	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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Age: 38Y	DOB: [REDACTED]	Room: 408	Bed: 1	Visit #: 100242549
Attending Physician: MYA, MINMIN		Created By: GADDAM, SYAM P.		Creation Date: 08/24/2020 15:37

Allergies

Last Verified By: JOANA CENDANA, RN on 08/15/2020 19:20
No Known Drug Allergies

Home Medications**INTERVAL HISTORY**

Hospital Day: Post-op Day: S/P:

VITAL SIGNS

T-max (Last 24 hours): 98.5 F 08/23/2020 16:00

Last Set of Vitals:

BP: 103/59 08/24/2020 08:00
Pulse: 69 08/24/2020 08:00
Temp: 98.0 F 08/24/2020 08:00
Resp: 20 08/24/2020 08:00
O2 Sat: 98.0%(Mask,Face) 08/24/2020 08:00
Calculated BMI: 25.6 08/15/2020 19:16

Pain: ① 1 2 3 4 5 6 7 8 9 10 Scale: Numeric Wong Baker ©

INTAKE & OUTPUT**PHYSICAL EXAM**

Const: ☒ NAD ☐ Appears stated age

Documentation Cont. Next Page

WEIGAND, RUBEN (P00221172) 2000001825

I NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Monday, August 24, 2020 4:45:03 PM - Page 1/3]

FINAL (SIGNED)

ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Gastroenterology

Patient:	Sex:	DOS:	MR#:	Admit Date:	Discharge Date:
WEIGAND, RUBEN	Male	08/24/2020 15:37	001092540	08/16/2020 01:25	

SIGNATURE*Signature attests that all pages have been reviewed and completed*

SYAM P. GADDAM, MD

08/24/2020 15:38

Physician Electronically signed by

Date

WEIGAND, RUBEN (P00221172) 2000001825

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Monday, August 24, 2020 4:45:03 PM - Page 3/3]

FINAL (SIGNED)

ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Internal Medicine

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/24/2020 08:38	MR#: 001092540	Admit Date: 08/16/2020 01:25
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VTE PROPHYLAXIS: IPC LOVENOX ARIXTRA NONE
 GI PROPHYLAXIS: PROTONIX PEPCID NONE

RESULTS**LABS**

No Lab Results for the past 24 hours

<u>Order</u>	<u>Test</u>	<u>Value</u>	<u>Reference Range</u>	<u>Comments</u>	<u>Status</u>	<u>Collection</u>
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ASSESSMENT AND PLAN:

Assessment:
 Obstructive jaundice
 Choledocholithiasis s/p ERCP with biliary stent and sphincterotomy
 s/p cholecystectomy 8/22
 Custody
Plan:
 s/p cholecystectomy.
 s/p ERCP with biliary stent and sphincterotomy
 LFTs continue to downtrend. Removal of biliary stent?
 Discharge to CMS once medically stable.

PHYSICIAN SIGNATURE*Signature attests that all pages have been reviewed and completed*

ABRAHAM HARN, D.O.

Physician Electronically signed by

08/24/2020 08:41

Date

WEIGAND, RUBEN (P00221172) 2000001825

FINAL (SIGNED)

ANAHEIM GLOBAL MEDICAL CENTER

Long History and Physical

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/16/2020 14:23	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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Const: ☐ NAD ☒ Appears stated age

Eyes: ☐ EOMI ☒ PERRL ☐ No conjunctival injection ☐ Sclera anicteric ☐ Not examined

Jaundice

Lung: ☒ CTA B/L ☒ No wheezes/rales/rhonchi ☐ Not examined

Abd: ☒ Non-tender ☐ Normal bowel sounds ☒ No guarding/rebound ☒ No organomegaly ☐ Heme neg ☐ Not examined

Musc: ☒ Joints normal ☒ ROM normal ☐ Not examined

Ext: ☒ No clubbing/cyanosis/edema ☐ No calf tenderness ☐ Not examined

Neuro: ☒ Normal ☒ No lateralizing deficits ☐ Not examined

GU: ☐ Normal external genitalia ☐ No foley ☐ Yes foley ☒ Not examined

Skin: ☐ No rash ☒ No bruising ☐ No Decubitus ☐ Incision tender ☐ Incision nontender ☐ Not examined

— Sign —

Anatomical Diagrams:

RESULTS**Laboratory**

Lab Results for the past 24 hours						
Order	Test	Value	Reference Range	Comments	Status	Collection
Complete BLD CNT With Auto DIFF	WBC	4.5	(3.6-10.2 K/uL)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	RED BLOOD CELL COUNT	4.34	(4.06-5.63 M/uL)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	HEMOGLOBIN	14.9	(12.5-16.3 g/dL)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	HEMATOCRIT	42.7	(36.7-47.1 %)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	MCV	98.2 H	(73.0-96.2 FL)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	MCH	34.4 H	(23.8-33.4 pg)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	MCHC	35	(32.5-36.3 g/dL)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	PLATELET COUNT	240	(152-348 K/uL)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	RDW	14.1	(12.1-16.2 %)		Final Result	08/16/2020 07:20:00

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:30:41 PM - Page 3/8]

WEIGAND, RUBEN (P00221172) 2000001825

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ANAHEIM GLOBAL MEDICAL CENTER

Long History and Physical

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/16/2020 14:23	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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Comprehensive MET Panel	ESTIMATED GFR	100			Final Result	08/16/2020 07:20:00
UA Full with Reflex to Culture	URINE COLOR	DARK YELLOW			Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE APPEARANCE	CLEAR			Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE SPECIFIC GRAVITY	<=1.005	(1.005-1.030)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE PH	6.5	(5.0-8.0)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE LEUKOCYTE ESTERASE	NEGATIVE	(NEGATIVE)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE BLOOD	NEGATIVE	(NEGATIVE)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE GLUCOSE	NEGATIVE	(NEGATIVE)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE KETONES	NEGATIVE	(NEGATIVE)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE NITRITE	NEGATIVE	(NEGATIVE)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE PROTEIN	NEGATIVE	(NEGATIVE)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE UROBILINOGEN	0.2 A	(NORMAL)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE BILIRUBIN	2+ A	(NEGATIVE)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE WBC	NOT SEEN	(NOT SEEN /HPF)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE RBC	NOT SEEN	(NOT SEEN /HPF)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE BACTERIA	NOT SEEN	(NOT SEEN /HPF)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE SQUAMOUS EPITH CELLS	NOT SEEN	(0-2 /HPF)		Final Result	08/16/2020 00:30:00
UA Full with Reflex to Culture	URINE MUCOUS	OCCASIONAL	(/LPF)		Final Result	08/16/2020 00:30:00
Ammonia	AMMONIA	64 H	(16-53 umol/L)		Final Result	08/15/2020 20:03:00
GGT	GGT	311 H	(9-64 U/L)		Final Result	08/15/2020 20:03:00
LDH	LDH	201	(140-271)		Final Result	08/15/2020 20:03:00
Acetaminophen	ACETAMINOPHEN	< 10	(10-30 ug/mL)		Final Result	08/15/2020 19:30:00
Bilirubin Direct	DIRECT BILIRUBIN	8.6 H	(0.03-0.18 mg/dL)		Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	WBC	6.3	(3.6-10.2 K/uL)		Final Result	08/15/2020 19:30:00

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:30:41 PM - Page 5/8]
 WEIGAND, RUBEN (P00221172) 2000001825

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ANAHEIM GLOBAL MEDICAL CENTER

Long History and Physical

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/16/2020 14:23	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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Comprehensive MET Panel	TOTAL PROTEIN	7.3	(6.0-8.3 g/dL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	ALBUMIN	4.9	(3.5-5.7 g/dL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	GLOBULIN	2.4	(2.2-4.2 g/dL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	TOTAL BILIRUBIN	14.4 H	(0.3-1.0 mg/dL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	AST -SGOT	194 H	(13-39 U/L)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	ALT-SGPT	600 H	(7-52 U/L)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	BUN/CREATININE RATIO	9		Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	A/G RATIO	2	(0.8-2.0)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	ESTIMATED GFR	89		Final Result	08/15/2020 19:30:00
Ethanol Alcohol	ETHANOL	< 0.01	(g/dL)	Final Result	08/15/2020 19:30:00
Lipase	LIPASE	27	(11-82 U/L)	Final Result	08/15/2020 19:30:00
PT INR	PROTIME	11.6	(10.1-12.3 SECONDS)	Final Result	08/15/2020 19:30:00
PT INR	INR_	1.04	(0.86-1.14)	Final Result	08/15/2020 19:30:00
PTT	PTT	27	(21.2-35.2 SECONDS)	Final Result	08/15/2020 19:30:00
Salicylate	SALICYLATE	< 2.5	(15.0-30.0 mg/dL)	Final Result	08/15/2020 19:30:00

Radiology

Dilated intrahepatic biliary ducts and markedly dilated common bile duct, extending into pancreatic head, without choledocholithiasis.
2. Cholelithiasis in mildly thick-walled contracted gallbladder.

Electronically signed by: Wyman Yee, MD on 8/16/2020 10:43

Comments: Moderately dilated intrahepatic biliary ducts and markedly dilated common bile duct without radiodense biliary stones.
2. Diffusely enlarged pancreas without focal mass or inflammation.
3. Small amount free posterior lower pelvic fluid.
4. Query mild diffuse small bowel ileus.

Electronically signed by: Wyman Yee, MD on 8/16/2020 10:34

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:30:41 PM - Page 7/8]
WEIGAND, RUBEN (P00221172) 2000001825

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ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Gastroenterology

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/20/2020 13:09	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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Age: 38Y	DOB: [REDACTED]	Room: 408	Bed: 1	Visit #: 100242549
Attending Physician: MYA, MINMIN		Created By: GADDAM, SYAM P.		Creation Date: 08/20/2020 13:09

Allergies

Last Verified By: JOANA CENDANA, RN on 08/15/2020 19:20
No Known Drug Allergies

Home Medications**INTERVAL HISTORY**

Hospital Day: Post-op Day: S/P:

VITAL SIGNS

T-max (Last 24 hours): 98.8 F 08/20/2020 04:00

Last Set of Vitals:

BP: 103/60 08/20/2020 08:00
Pulse: 60 08/20/2020 08:00
Temp: 98.0 F 08/20/2020 08:00
Resp: 20 08/20/2020 08:00
O2 Sat: 97.0%(40%)(Room Air) 08/20/2020 08:00
Calculated BMI: 25.6 08/15/2020 19:16

Pain: ① 1 2 3 4 5 6 7 8 9 10 Scale: Numeric Wong Baker ©

INTAKE & OUTPUT**PHYSICAL EXAM**

Const: ☒ NAD ☐ Appears stated age

Documentation Cont. Next Page

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:15:00 PM - Page 1/5]

WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 1 of 5

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ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Gastroenterology

Patient:	Sex:	DOS:	MR#:	Admit Date:	Discharge Date:
WEIGAND, RUBEN	Male	08/20/2020 13:09	001092540	08/16/2020 01:25	

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ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Gastroenterology

Patient:	Sex:	DOS:	MR#:	Admit Date:	Discharge Date:
WEIGAND, RUBEN	Male	08/20/2020 13:09	001092540	08/16/2020 01:25	

SIGNATURE*Signature attests that all pages have been reviewed and completed*

SYAM P. GADDAM, MD

Physician Electronically signed by

08/20/2020 13:14

Date

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:15:00 PM - Page 5/5]
WEIGAND, RUBEN (P00221172) 2000001825

murmur.

ABDOMEN: Soft, nontender, nondistended, no guarding, no rebound, no rigidity is noted.

NEUROLOGIC: Alert and oriented x 3, no focal deficit is noted.

LABORATORY DATA:

Significant for ultrasound of the abdomen, which showed common bile duct measuring at 1.6 cm with a cystic gallbladder wall, which measures about 0.5 mm.

Please note that the patient's complete metabolic panel done today reveals normal basic metabolic panel; however, his alkaline phosphatase is slightly elevated at 130 and his bilirubin is 5.7, which is elevated. His AST, ALT are elevated at 174 and 557. Alkaline phosphatase again was 130. CBC also is significant for leukocyte that is normal at 6.4, H and H is 14.7/42.0, platelet is 268.

ASSESSMENT:

The patient is a 38-year-old male with obstructive jaundice and choledocholithiasis who is post-ERCP with stone extraction and placement of a stent. I have had extensive discussion with the patient about the pathophysiology of the disease and has been explained to him very well. The patient confirmed that he understands the pathophysiology; however, because of logistic of his incarceration, the patient may be hesitant to allow the surgery to occur. I have strongly recommended to the patient to have his gallbladder removed at this setting prior to being released from the hospital, but he has indicated that he may need to make up his mind.

PLAN:

To recommend laparoscopic versus open cholecystectomy and repair and removal of any offending agent as soon as possible when his labs are normalized or normalizing in which case then we would be able to remove his gallbladder.

Please note that I will follow up the patient tomorrow to see if the patient has been able to make up his mind.

I thank Dr. Trinh for allowing us to participate in the care of this patient.

David Nejat-Bina, M.D.

DN/NTS

DD: 08/20/2020 17:53:58

DT: 08/21/2020 00:34:31

Job#: 475303/1660224

cc: Hoi Trinh M.D.

ANAHEIM GLOBAL MEDICAL CENTER, INC.
Anaheim, CA

Ravindra Alapati, M.D.

RA/NTS

DD: 08/16/2020 16:56:49

DT: 08/16/2020 21:24:40

Job#: 180061/1659339

ANAHEIM GLOBAL MEDICAL CENTER, INC.

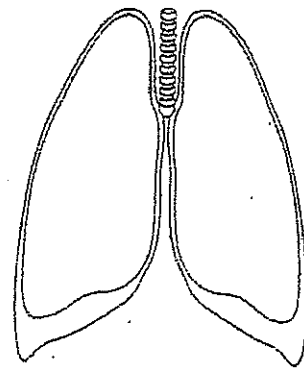
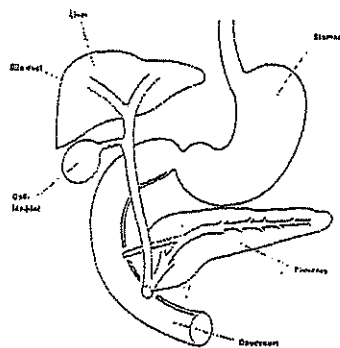
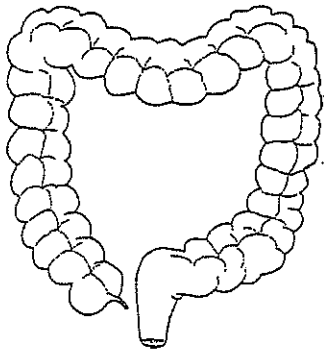
Anaheim, CA

Electronically Authenticated by:

RAVINDRA ALAPATI, MD on 08/20/2020 09:28 AM PDT

WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 2 of 2



Name of Practitioner

Cadden

Pre Procedure Diagnosis

Gallstones

Procedure

ERCP Sphincterotomy & Stone

Complications ☐ None

extraction and

Estimated Blood Loss _____ mL

Stent Placement

Findings ☐ Normal

Post operative Diagnosis

1) Cholelithiasis

Specimen

one stone removed

☐ Clo Test

Type of Sedation

☒ Mac☐ Moderate Sedation☐ Other

2) 10F 7a long

Medication ☐ Midazolam _____ mg IV☐ Fentanyl _____ mcg IV☐ Meperidine _____ mg IV☐ Diazepam _____ mg IV☐ Morphine _____ mg IV☐ Otherbiliary
stentMedication Reversed ☒ No ☐ Yes ☐ Naloxone _____ mg IV☐ Romazicon _____ mg IV

Placed

Mental Status ☐ Alert ☐ Awake ☐ Drowsy ☐ Sedated ☐ Other

Anesthesiologist

Dr. ST Thomas

Registered Nurse

Tonya

Date _____ Time _____

Physician Signature

Cadden

ANAHEIM GLOBAL MEDICAL CENTER

PHYSICIAN PROCEDURAL
NOTESP
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DAcct: 100242549 MRN: 001092540
WEIGAND, RUBEN,
M, 38, 1
AT: MYA, MINMIN
DOS: 08/16/2020 AGMC

ANAHEIM GLOBAL MEDICAL CENTER, INC.
Anaheim, CA

OPERATIVE REPORT

NAME: WEIGAND, RUBEN
MRN: 001092540
ACCT#: 100242549

DATE OF OPERATION: 08/22/2020

PREOPERATIVE DIAGNOSES:
choledocholithiasis and cholecystitis post-ERCP.

POSTOPERATIVE DIAGNOSES:
choledocholithiasis and cholecystitis post-ERCP.

INDICATION:

The patient is a 38-year-old male who presented with jaundice. The patient was diagnosed with obstructive jaundice secondary to gallstone in the common bile duct. The patient underwent ERCP with stone extraction and sphincterotomy and stent placement. The patient thus needs to have his gallbladder removed with all the stones in order to prevent such future attacks that could potentially be life threatening. This is done so in order to prevent choledocholithiasis in the future. The patient has understood about the risk and benefits of operative versus nonoperative management. The patient strongly was advised to have his gallbladder removed. The patient decided to proceed with the surgery.

ANESTHESIA:

General endotracheal intubation. Please also note that 30 mL of 0.25% Marcaine was injected around the trocar site to aid the patient with postoperative pain.

ANESTHESIOLOGIST:

Dr. Ramirez.

SURGEON:

David Nejat-Bina, M.D.

ASSISTANT:

Evelyn Kachikwu, M.D.

PROCEDURE:

Laparoscopic cholecystectomy.

DESCRIPTION OF PROCEDURE:

The patient was brought to the OR, was placed in supine position. Bilateral sequential devices were placed on the patient. The patient had voided preoperatively. The patient received 2 gram of Ancef for prophylaxis. The patient was induced under anesthesia and was intubated with endotracheal tube. The patient's abdomen was then clipped with the clippers and was prepped with Chloraprep and was draped in sterile fashion. Timeout was called, verified the patient and he is to undergo laparoscopic, possible open cholecystectomy and repair and removal of any other offending agent. As such, began by making a small incision inferior and vertically. The incision was deepened, midline fascia was divided. The fascia was entered carefully. Fascial stitches were placed using 0 Vicryl suture on either side. Hasson trocar was inserted inside the abdomen and was secured via the fascial stitches. At this time, CO2 was used to insufflate the abdomen to 15 mmHg. A 10 mm straight angle scope was placed inside the abdomen and abdomen was insufflated. The patient was placed in reverse Trendelenburg and was tilted to the left in order to maximize the

WEIGAND, RUBEN (P00221172) 2000001825

DN/NTS

DD: 08/22/2020 09:51:47

DT: 08/22/2020 16:48:51

Job#: 180166/1660564

cc: Evelyn Kachikwu M.D.
_____ Ramirez

ANAHEIM GLOBAL MEDICAL CENTER, INC.
Anaheim, CA

WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 3 of 3

ANAHEIM GLOBAL MEDICAL CENTER
1025 SO ANAHEIM BLVD
ANAHEIM, CA 92805

Laboratory Detail

Name: (Secured) WEIGAND, RUBEN
Birth Date: [REDACTED]
Location: 408 - 1
Admitting Dr: MYA, MINMIN

Visit ID: 100242549
Age: 38 Years

Med Rec#: 001092540
Sex: Male
Admitted: 08/16/2020 01:25

(This is not a chartable copy)

Ord Cd Desc: Comprehensive MET Panel
Specimen Src: BLOOD
Body Site:
Order Nbr: 0069
Priority: Routine
Ordering Dr: NEJAT-BINA, DAVID
Special Instructions:

Result Status: Final Result
Ordered Dttm: 08/23/2020 05:00
Collected Dttm: 08/23/2020 05:50 by:
Received Dttm: 08/23/2020 06:26 by:
Released Dttm: 08/23/2020 07:11 by:

Test	Result	Reference Range	Unit
	The estimated GFR is calculated by the MDRD equation. The result normalized to average adult surface area (SA) of 1.73 m ² , and should be multiplied by (SA/1.73) for patients at extremes of body size. Results should be interpreted with clinical correlation based on various etiologic changes in BUN and Albumin. It should not be used for Drug Dosing since not all drugs are removed by Glomerular Filtration. Result has not been validated for patients <18 and >89 years of age, pregnant women and of other than Caucasian or African races.		

ANAHEIM GLOBAL MEDICAL CENTER
 1025 S ANAHEIM BLVD.
 ANAHEIM, CA 92805
 R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN

MR#: A001092540

SEX:M AGE: 38Y

DOB: [REDACTED]

Collected	08/16/2020 07:20	08/15/2020 20:03 ³	08/15/2020 20:03	08/15/2020 19:30 ⁴	08/15/2020 19:30		
Released	08/16/2020 09:06	08/16/2020 12:05	08/15/2020 21:02	08/15/2020 21:01	08/15/2020 20:52	Reference Range	Units
NA	137				138	136-145	mmol/L
K	3.8				3.6	3.5-5.1	mmol/L
CL	101				98	98-107	mmol/L
CO2	27				29	21-31	mmol/L
GLU	94				104	70-105	mg/dL
BUN	8				9	7-25	mg/dL
CREAT	0.9				1.0	0.7-1.3	mg/dL
CA	9.4				10.0	8.6-10.3	mg/dL
TP	6.1				7.3	6.0-8.3	g/dL
ALB	4.0				4.9 ⁵	3.5-5.7	g/dL
TBIL	12.8 H				14.4 H	0.3-1.0	mg/dL
ALKPHOS	183 H				220 H	34-104	U/L
AST	174 H				194 H	13-39	U/L
ALT	490 H				600 H	7-52	U/L
GLOB	2.1 L				2.4	2.2-4.2	g/dL
AGRATIO	1.9				2.0	0.8-2.0	
B/CREAT	9				9		
EGFR	100 ²				89 ²		
GGTP		311 H				9-64	U/L
LDH		201				140-271	
DBIL				8.60 H		0.03-0.18	mg/dL
LIP					27 ⁵	11-82	U/L
AMON			64 H			16-53	umol/L

³This test was performed at: ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705 Medical Director: R. Michael Tadros, MD.

⁴Lab add on

⁵Patients treated with N-Acetyl Cysteine (NAC) for an acetaminophen overdose may generate a false low result for Cholesterol, Uric acid, Lactate and Lipase. Specimens collected immediately after or during the administration of Metamizole (Dipyrone) may lead to falsely low results. Specimens should be collected prior to the administration of Metamizole.

SPECIAL CHEMISTRY

Collected	08/21/2020 06:16 ⁶						
Released	08/21/2020 18:20					Reference Range	Units
FERR	328.6 ⁷					23.9-336.2	ng/mL

⁶This test was performed at: ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705 Medical Director: R. Michael Tadros, MD.

⁷Effective 9/2/2016, test performed on Beckman Access 2 Analyzer. Reference ranges may be updated to reflect new method.

Legend:

L = Low, H = High, CL = Critical Low, CH = Critical High, CR = Changed Result, * = Abnormal

ORDERING MD: CHOU, DAVID
 Anaheim Cumulative Daily HPF
 PRINTED: 08/22/2020 23:22
 RUN#:R2023575098

NAME: WEIGAND, RUBEN
 MR#: A001092540
 ACCT: A100242549
 LOC: AN U4-408-1

ANAHEIM GLOBAL MEDICAL CENTER
 1025 S ANAHEIM BLVD.
 ANAHEIM, CA 92805
 R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN

MR#: A001092540

SEX:M AGE: 38Y

DOB: [REDACTED]

Collected	08/20/2020 06:00	08/19/2020 05:31	08/18/2020 06:15	08/17/2020 06:35	08/16/2020 07:20		
Released	08/20/2020 07:19	08/19/2020 06:49	08/18/2020 08:10	08/17/2020 08:38	08/16/2020 08:33	Reference	Units
MCV	99.2 H	99.3 H	99.3 H	99.5 H	98.2 H	73.0-96.2	fL
MCH	34.8 H	34.0 H	33.7 H	34.0 H	34.4 H	23.8-33.4	pg
MCHC	35.1	34.3	33.9	34.1	35.0	32.5-36.3	g/dL
PLT	268	253	269	240	240	152-348	K/uL
RDW	13.3	13.5	13.6	14.2	14.1	12.1-16.2	%
NRBC	0.0	0.1	0.0	0.1	0.0	0.0-0.6	/100 WBC
MANDIFF	NONE	NONE	NONE	NONE	NONE		
SEGS	45.7	45.9	48.2	53.8	59.1	43.5-73.5	%
LYMPHS	44.7 H	42.2	41.4	34.7	27.5	15.2-43.3	%
MONOS	6.4	7.9	7.3	8.5	10.5	5.5-13.7	%
EOS	2.4	2.6	2.2	1.9	1.6	0.8-8.1	%
BASOS	0.8	1.4	0.9	1.1	1.3	0.2-1.5	%
MPV	8.6	8.6	8.6	8.4	8.2	7.4-11.4	fL

Collected	08/15/2020 19:30		
Released	08/15/2020 20:12	Reference	Units
WBC	6.3	3.6-10.2	K/uL
RBC	4.95	4.06-5.63	M/uL
HGB	16.5 H	12.5-16.3	g/dL
HCT	48.6 H	36.7-47.1	%
MCV	98.2 H	73.0-96.2	fL
MCH	33.4	23.8-33.4	pg
MCHC	34.0	32.5-36.3	g/dL
PLT	307	152-348	K/uL
RDW	14.2	12.1-16.2	%
NRBC	0.1	0.0-0.6	/100 WBC
MANDIFF	NONE		
SEGS	56.8	43.5-73.5	%
LYMPHS	30.6	15.2-43.3	%
MONOS	9.8	5.5-13.7	%
EOS	1.6	0.8-8.1	%
BASOS	1.2	0.2-1.5	%
MPV	8.6	7.4-11.4	fL

COAGULATION STUDIES

Collected	08/19/2020 05:31	08/15/2020 19:30		
Released	08/19/2020 07:17	08/15/2020 20:39	Reference	Units
PT	12.3	11.6	10.1-12.3	SECONDS
INR	1.10 ¹¹	1.04 ¹²	0.86-1.14	
PTT	27.4	27.0	21.2-35.2	SECONDS

THERAPEUTIC RANGE FOR PATIENTS STABILIZED ON ORAL ANTICOAGULATIONS:

Standard Dose.....21-32 Seconds, INR: 2.0-3.0

High Dose.....26-37 Seconds, INR: 2.5-3.5

Legend:

L = Low, H = High, CL = Critical Low, CH = Critical High, CR = Changed Result, * = Abnormal

ORDERING MD: CHOU, DAVID
 Anaheim Cumulative Daily HPF
 PRINTED: 08/22/2020 23:22
 RUN#:R2023575098

NAME: WEIGAND, RUBEN
 MR#: A001092540
 ACCT: A100242549
 LOC: AN U4-408-1

ANAHEIM GLOBAL MEDICAL CENTER
 1025 S ANAHEIM BLVD.
 ANAHEIM, CA 92805
 R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN

MR#: A001092540

SEX:M AGE: 38Y

DOB: [REDACTED]

REFERENCE LAB**SARS-COV-2 RNA QL RT-PCR(Labcorp)**

Accn#: R202290001

Final Released : 08/18/2020 19:43

Specimen/Source: NASOPHARYNGEAL SWAB/NAS

Collected	Result	Units	Reference Range
08/16/2020 00:15 Released 08/18/2020 19:43	SARS-CoV-2, NAA Not Detected ¹⁷		Not Detected

¹⁷This test was developed and its performance characteristics determined by LabCorp Laboratories. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test has been validated in accordance with the FDA's Guidance Document (Policy for Diagnostics Testing in Laboratories Certified to Perform High Complexity Testing under CLIA prior to Emergency Use Authorization for Coronavirus Disease-2019 during the Public Health Emergency) issued on February 29th, 2020. FDA independent review of this validation is pending. This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

Performed at: CETWE - LabCorp Phoenix
 5005 S 40th St, Phoenix, AZ 850402969
 Lab Director: Earle Collum MD, Phone: 8007889743

HEP A AB, IGM

Accn#: R202290037

Final Released : 08/18/2020 14:37

Specimen: BLOOD

Collected	Result	Units	Reference Range
08/15/2020 20:03 Released 08/18/2020 14:37	HEP A AB, IGM NEGATIVE ¹⁸		

¹⁸REFERENCE RANGE: NEGATIVE**PERFORMING LABORATORY INFORMATION:****Legend:**

L = Low, H = High, CL = Critical Low, CH = Critical High, CR = Changed Result, * = Abnormal

ORDERING MD: CHOU, DAVID
 Anaheim Cumulative Daily HPF
 PRINTED: 08/22/2020 23:22
 RUN#:R2023575098

NAME: WEIGAND, RUBEN
 MR#: A001092540
 ACCT: A100242549
 LOC: AN U4-408-1

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WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 6 of 7

ANAHEIM GLOBAL MEDICAL CENTER
1025 S. ANAHEIM BLVD
ANAHEIM, CA 92805
R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN MR# A001092540 SEX:M AGE:38Y DOB: [REDACTED]

MICROBIOLOGY

BLOOD CULTURES

CULTURE BLOOD

COLLECTED: 08/16/2020 00:00
RECEIVED: 08/16/2020 11:34
ACCN#: 920228103
SPECIMEN/SOURCE: BLOOD / BLOOD

RELEASED: 08/18/2020 11:39
STARTED: 08/16/2020 11:34
STATUS: Pending

CULTURE RESULT (Prelim)
No Growth To Date

EPIDEMIOLOGY CULTURES

Culture MRSA Only

COLLECTED: 08/16/2020 03:15
RECEIVED: 08/16/2020 11:34
ACCN#: 920229011

RELEASED: 08/16/2020 11:34
STARTED: 08/16/2020 11:34
STATUS: Final

SPECIMEN/SOURCE: NASAL SWAB /

This test was performed at: MICROBIOLOGY- ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705
Medical Director: R. Michael Tadros, MD.

CULTURE RESULT (Final)
No Methicillin Resistant Staph aureus Isolated

TESTING PERFORMED AT ORANGE COUNTY GLOBAL MEDICAL CENTER
MICROBIOLOGY
1001 N. TUSTIN AVE. SANTA ANA CA. 92705

ORDERING MD:
Anaheim Micro Cum Daily HPF
PRINTED: 08/18/2020 23:22
RUN#:R2023173533

NAME: WEIGAND, RUBEN
MR#: A001092540
ACCT: A100242549
LOC: AN U4-408-1

PAGE 1 OF 1

WEIGAND, RUBEN (P00221172) 2000001825

ANAHEIM GLOBAL MEDICAL CENTER
1025 S. ANAHEIM BLVD
ANAHEIM, CA 92805
R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN

MR# A001092540

SEX:M AGE:38Y

DOB

MICROBIOLOGY

BLOOD CULTURES

CULTURE BLOOD

COLLECTED: 08/16/2020 00:00
RECEIVED: 08/16/2020 11:34
ACCN#: 920228103
SPECIMEN/SOURCE: BLOOD / BLOOD

RELEASED: 08/20/2020 12:04
STARTED: 08/16/2020 11:34
STATUS: Pending

CULTURE RESULT (Prelim)
No Growth To Date

EPIDEMIOLOGY CULTURES

Culture MRSA Only

COLLECTED: 08/16/2020 03:15
RECEIVED: 08/16/2020 11:34
ACCN#: 920229011

RELEASED: 08/16/2020 11:34
STARTED: 08/16/2020 11:34
STATUS: Final

SPECIMEN/SOURCE: NASAL SWAB /

This test was performed at: MICROBIOLOGY- ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705
Medical Director: R. Michael Tadros, MD.

CULTURE RESULT (Final)
No Methicillin Resistant Staph aureus Isolated

TESTING PERFORMED AT ORANGE COUNTY GLOBAL MEDICAL CENTER
MICROBIOLOGY
1001 N. TUSTIN AVE. SANTA ANA CA. 92705

ORDERING MD:
Anaheim Micro Cum Daily HPF
PRINTED: 08/20/2020 23:23
RUN#:R2023374362

NAME: WEIGAND, RUBEN
MR#: A001092540
ACCT: A100242549
LOC: AN U4-408-1

PAGE 1 OF 1

WEIGAND, RUBEN (P00221172) 2000001825

ANAHEIM GLOBAL MEDICAL CENTER

Radiology Department
1025 SO ANAHEIM BLVD
ANAHEIM, CA 92805

Patient Name: WEIGAND, RUBEN**Med Rec #:** 001092540**Accession #:** 30184351**Visit ID:** 100242549**Patient Location:** 201-1**Patient Type:** INPATIENT**DOB:** [REDACTED]**Gender:** M**Age:** 38Y**Date of Service:** 08/15/2020 19:48**Exam Completion Date:** 08/15/2020 21:13**Exam Reason:****Order Phys:** CHOU, DAVID**Read By:** YEE, WYMAN K**Verified By:** YEE, WYMAN K**Procedure:** CT ABD PEL W CM**Final****EXAM:** CT ABD PEL W CM**CLINICAL HISTORY:** Right upper quadrant pain, nausea, pruritus, jaundice

TECHNIQUE: Per request of ordering clinician no oral contrast administered. Following IV contrast multiple axial, sagittal, and coronal images were obtained on the helical scanner. Radiation dosimetry report data: Maximum CTDI vol 48.01 mGy; total DLP 1195.61 mGy-cm. Low dose protocol used.

COMPARISON: None.

FINDINGS: Lack of oral contrast limits study. Visualized lung bases clear. Moderately dilated intrahepatic biliary ducts with common bile duct measuring up to about 1.8 cm in diameter (image 42 series 2) without radiodense stones. No focal hepatic mass. Gallbladder not dilated. Spleen, adrenals, and kidneys are grossly normal in size and attenuation. Both kidneys excrete contrast. Contrast in urinary bladder delayed phase. Prominent sized pancreas with smooth margins and no focal mass. Pancreatic head measures about 3.5 cm AP (image 44 series 2), pancreatic body ranges from 1.6 to 3 cm AP (image 34-35 series 2), pancreatic tail 2.2 cm AP (image 34 series 2). Pancreatic duct not dilated. No abdominal aortic aneurysm, periaortic adenopathy, free air, bowel obstruction, obstructive uropathy, or significant colonic diverticulosis or diverticulitis. Appendix not definitely seen. Scattered mild colonic stool. Scattered right and left abdominal and pelvic nondilated fluid-containing small bowel may reflect mild ileus. Small amount of free posterior lower pelvic fluid (image 27-31 series 4), posterior to urinary bladder and anterior to rectum. Normal-sized prostate (image 95-96 series 2) with nonspecific punctate calcification. Bilateral pelvic phleboliths (image 89-93 series 2), right more numerous than left. Bones intact.

IMPRESSION:

1. Moderately dilated intrahepatic biliary ducts and markedly dilated common bile duct without radiodense biliary stones.
2. Diffusely enlarged pancreas without focal mass or inflammation.
3. Small amount free posterior lower pelvic fluid.
4. Query mild diffuse small bowel ileus.

Electronically signed by: Wyman Yee, MD on 8/16/2020 10:34

READ BY: YEE, WYMAN K.**Transcribed:** 08/16/2020 10:37 By: YEE, WYMAN K.**Visit ID:** 100242549

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WEIGAND, RUBEN (P00221172) 2000001825

ANAHEIM GLOBAL MEDICAL CENTER

Radiology Department
1025 SO ANAHEIM BLVD
ANAHEIM, CA 92805

Patient Name: WEIGAND, RUBEN

Med Rec #: 001092540

Accession #: 30184609

Visit ID: 100242549

Patient Location: 408-1

Patient Type: INPATIENT

DOB: [REDACTED]

Gender: M

Age: 38Y

Date of Service: 08/19/2020 11:19

Exam Completion Date: 08/20/2020 07:23

Exam Reason:

Order Phys: GADDAM, SYAM P

Read By: YEE, WYMAN K

Verified By: YEE, WYMAN K

Procedure: ERCP

Final

EXAM: ERCP

CLINICAL HISTORY: Jaundice, query choledocholithiasis

TECHNIQUE: Exam performed by GI service.

FINDINGS: Thirteen portable C-arm images show various stages of biliary stent placement. 46.5 seconds fluoroscopy time used.

IMPRESSION:

I. Fluoroscopy usage as described.

Electronically signed by: Wyman Yee, MD on 8/20/2020 15:29

READ BY: YEE, WYMAN K.

Date: 08/20/2020 15:29

Transcribed: 08/20/2020 15:32 By: YEE, WYMAN K.

Visit ID: 100242549

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Page 1 of 1

WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 1 of 1

File Edit List Options Functions Window Help



Order Entry | Diet Order | Change Order | Verify Order | Order Inquiry | Charge

Acct:100242549 MRN:001092540

*WEIGAND, RUBEN

M, 38Y, 1

AT: MYA, MINMIN

DOS: 08/16/2020 01:25 AGMC



Height: 70.00 inches Weight: 80.50 kg

Age: 38 Years Sex: M

Allergy: No Known Drug Allergies

Order Code: DISCGE_A Discharge Patient

Type: NS

Order number: 77

Frequency: ONCE

Ord Phys: HARN, ABRAHAM, D.O.

Start Date: 08/24/2020 16:39

Stop Date: 08/24/2020 16:39

Days:

Prep:

Total Qty:

Qty Today: 1

Spcl Attn:

Instructions: discharge back to jail
follow up with GI in 3-4

weeks to plan for biliary stent removal

Reason/Indication:

Reference:

WEIGAND, RUBEN (P00221172) 2000001825

File Edit List Options Functions Window Help



Acct:100242549 MRN:001092540

*WEIGAND, RUBEN

[REDACTED], M, 38Y, 1

AT: MYA, MINMIN

DOS: 08/16/2020 01:25 AGMC



Order Entry | Diet Order | Change Order | Verify Order | Order Inquiry | Charge R

Height: 70.00 inch Weight: 80.50 kg Age: 38 Years Sex: M Allergy: No Known Drug Allergies

Order Code: OTNSC_A Other Nursing Communication Type: NA Order number: 72

Frequency: ONCE Ord Phys: HARN, ABRAHAM, D.O.

Start Date: 08/23/2020 08:38 Stop Date: 08/23/2020 08:38 # Days:

Transport: Priority: Routine Total Qty: Qty today: 1

SpclAttn: Prep:

Instructions: Please ambulate patient during the day with

officer's help

Reason/Indication:

Reference:

WEIGAND, RUBEN (P00221172) 2000001825

08/24/2020 09:01:34

Page 1 of 1

ANAHEIM GLOBAL MEDICAL CENTER

1025 SO ANAHEIM BLVD
ANAHEIM, CA 92805

Laboratory Detail

Name: (Secured) WEIGAND, RUBEN

Birth Date: [REDACTED]

Visit ID: 100242549

Med Rec#: 001092540

Location: 408 - 1

Age: 38 Years

Sex: Male

Admitting Dr: MYA, MINMIN

Admitted: 08/16/2020 01:25

(This is not a chartable copy)

Ord Cd Desc: Complete BLD CNT With Aut

Result Status: Final Result

Specimen Src: BLOOD

Ordered Dttm: 08/23/2020 05:00

Body Site:

Collected Dttm: 08/23/2020 05:50 by:

Order Nbr: 0068

Received Dttm: 08/23/2020 06:26 by:

Priority: Routine

Released Dttm: 08/23/2020 06:45 by:

Ordering Dr: NEJAT-BINA, DAVID

Special Instructions:

Test	Result		Reference Range	Unit
WBC	6.8		3.6-10.2	K/uL
RED BLOOD CELL COUNT	4.12		4.06-5.63	M/uL
HEMOGLOBIN	14.0		12.5-16.3	g/dL
HEMATOCRIT	40.2		36.7-47.1	%
MCV	97.8	H	73.0-96.2	FL
MCH	34.0	H	23.8-33.4	pg
MCHC	34.8		32.5-36.3	g/dL
PLATELET COUNT	241		152-348	K/uL
RDW	13.0		12.1-16.2	%
MANUAL DIFFERENTIAL?	NONE			
SEGMENTED NEUTROPHILS	57.5		43.5-73.5	%
LYMPHOCYTES	32.3		15.2-43.3	%
MONOCYTES	7.8		5.5-13.7	%
EOSINOPHILS	1.9		0.8-8.1	%
BASOPHILS	0.5		0.2-1.5	%
NUCLEATED RED BLOOD CELLS	0.0		0.0-0.6	/100 WBC
MPV	9.1		7.4-11.4	FL

Report Date: 08/24/2020

ANAHEIM GLOBAL MEDICAL CENTER
Medication Administration Record

08/24/2020 16:56:23

Page 1 of 2

Patient: (Secured) WEIGAND, RUBEN

Admitted: 08/16/2020 01:25 Attending: MYA, MINMIN

Visit ID: 100242549

Med Rec#: 001092540

Location: TELEMETRY/MED SURG - DMH U4-408-1

Gender: M

DOB: [REDACTED]

Age: 38Y

Weight: 80.5 kgs

Height: 70 in

BMI:

Allergy	Severity	Reaction	Allergy Date
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No Known Drug Allergies

Scheduled Meds


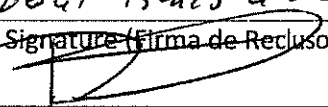
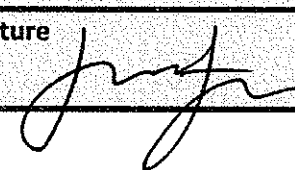
Medication	Dose	Brand	Form	Start	Stop	07:01-19:00	19:01-07:00
A DOCUSATE SODIUM [100 MG] CAPSULE ORAL DAILY [1 X 100 MG PER DOSE] DO NOT CRUSH OR BREAK CPOE COMMENT: DO NOT CRUSH OR BREAK IF FOR ENTERAL TUBE USE, DISOLVE CAPSULE IN WARM WATER (10ML) IF FOR ENTERAL TUBE USE, DISOLVE CAPSULE IN WARM WATER (10ML) RX#: 11193215	100 MG	COLACE	CAPSULE	08/24/20 09:00		09:00/09:22 Admin: &NWP 08/24 09:22 Adm. Dose: 100 MG	

IV

Medication	Dose	Brand	Form	Start	Stop	07:01-19:00	19:01-07:00
A LACTATED RINGERS PARENTERAL SOLUTION 75 ML/HR INTRAVENOUS [1 X 1000 ML PER DOSE] SALINE LOCK WHEN ADEQUATE PO INTAKE RX#: 11192173	1,000 ML	LACTATED RINGERS	PARENTERAL SOLUTION	08/22/20 00:00		18:45	

PRN

Medication	Dose	Brand	Form	Start	Stop	Last Administered	# of Adm
A HYDROcodone-ACETAMINOPHEN [10-325 MG] TABLET ORAL EVERY 6 HOURS AS NEEDED [1 X 10-325 MG PER DOSE] Indication: Moderate pain	1 TABLET	LORTAB 10-325	TABLET	08/22/20 12:54			
THERAPEUTIC INTERCHANGE FOR ** 2 TABS NORCO-5 NOT TO EXCEED 4GM ACETAMINOPHEN IN 24 HOURS FROM ALL SOURCES BLACK BOX WARNING: ACETAMINOPHEN HAS THE POTENTIAL FOR OVERDOSE OR POISONING CAUSING HEPATOTOXICITY AND ACUTE LIVER FAILURE, AT TIMES RESULTING IN LIVER TRANSPLANTATION AND DEATH. RX#: 11192599							

NAPHCARE MEDICAL DEPARTMENT SICK CALL REQUEST-MANAGED BY TECHCARE				Date and Time Received 8/15/20	Received By 
Name (Nombre) WEIGAND RUBEN		Date of Birth (Fecha de Nacimiento) [REDACTED]	Location/Unit (Posicion/Unidad) 3B-24	Inmate Number (Número de Recluso) 20-1004	Today's Date (Fecha de Hoy) 08/15/2020
Complaint (Queja) I feel very tired but can't sleep. Skin is itchy and very sensitive to temperature. I still have abdominal pressure and feel dizzy. Urine still very dark yellow. I experience goosebumps and chills several times a day.					
				Inmate Signature (Firma de Recluso) 	
TRIAGE	Action <input type="checkbox"/> Refer to Provider – Sick Call; <input type="checkbox"/> Refer to MH – Sick Call; <input type="checkbox"/> Refer to MH – Chart Review Taken <input type="checkbox"/> Refer to Medical Records; <input type="checkbox"/> Refer to OB/GYN; <input type="checkbox"/> Refer to Dental <input type="checkbox"/> Refer to Optometry; <input type="checkbox"/> Nursing Protocol Initiated <input type="checkbox"/> Other: _____				
Face to Face Date 8/15/20		Face to Face Time 0920		Staff Signature 	
Nursing S:					
O:	Temp	Pulse	Resp	O2 Sat	B/P
A:					
P:					
E:					
PER PROVIDER, YOU WILL BE SENT TO THE HOSPITAL FOR FURTHER EVALUATION					
Nurses / Provider Signature RWI, RW			Date Completed 8-15-20		Time Completed 1615
For Jail Use Only					

NAPHCARE MEDICAL DEPARTMENT SICK CALL REQUEST-MANAGED BY TECHCARE

Date and Time Received

Received By

Name (Nombre)

WEIGAND,
RUBEN

Date of Birth

(Fecha de Nacimiento)

[REDACTED]

Location/Unit

(Posicion/Unidad)

3B-24

Inmate Number

(Número de Recluso)

20-1004

Today's Date

(Fecha de Hoy)

08/13/2020

Complaint (Queja)

I have abdominal pressure, feels a bit like heartburn, I feel tired like having a flu and urine is very dark yellow. Skin is itchy.

Inmate Signature (Firma de Recluso)

TRIAGE

Action ☐ Refer to Provider – Sick Call; ☐ Refer to MH – Sick Call; ☐ Refer to MH – Chart Review
 Taken ☐ Refer to Medical Records; ☐ Refer to OB/GYN; ☐ Refer to Dental
☐ Refer to Optometry; ☐ Nursing Protocol Initiated ☐ Other:

Face to Face Date

8/13/20

Face to Face Time

0900

Staff Signature

Nursing
S:

O:

Temp

Pulse

Resp

O2 Sat

B/P

A:

P:

E:

TA were seen by the nurse practitioner on 8/12/2020. Labs were ordered and drawn, results are pending. Increase fluids

Nurses / Provider Signature

Date Completed

8.13.2020

Time Completed

1610

For Jail Use Only



RELEASE OF RESPONSIBILITY - SPECIFIC PROCEDURE

WEIGAND
Name of Patient

6-13-20
Date

Patient ID Number / Date of Birth

I have hereby clearly expressed or indicated a decision to refuse to accept the following medical treatment/recommendations:

Contact lenses, wearing glasses today

The above treatment/recommendations and the risks and benefits involved have been satisfactorily explained to me. In addition, I have had the opportunity to ask questions about the proposed recommendation and have had these answered to my satisfaction.

I have decided NOT to accept/permit the treatment/recommendations listed above and understand that my failure to follow the advised medical treatment may seriously affect my health.

By signing below, I assume responsibility for all of the risks and consequences of my refusal and hereby release and agree to hold harmless NaphCare, Inc. and its employees and agents from all responsibility and ill effect which may occur as a result of my refusal to accept/permit the proposed recommendation(s).

[Signature]
Patient Signature

6-13-20
Date/Time

[Signature]
Witness

Witness

Patient Name: WEIGAND, RUBENDate: 10 March 2020Date of Birth: 17 APR 1984

P#/Booking#: _____



Advancing Correctional Healthcare

Supplemental Intake Screening Form

COVID-19 "Coronavirus"

Circle Yes/No

1. Does the patient have a fever?.....YES / NO
2. Does the patient report or show any signs or symptoms of upper or lower respiratory infection (cough, chest pain, shortness of breath)?.....YES / NO
3. Does the patient report any recent travel to, or in contact with a person who has traveled to, a known affected area within the last 14 days? (China, Iran, Japan, South Korea, Italy).....YES / NO

If yes, list countries: _____

4. Does the patient report any contact with known laboratory confirmed case of COVID-19 "Coronavirus"?.....YES / NO

*If patient states "Yes" to all the questions above or "Yes" to questions 1, 2, 3, mask the individual and place in isolation in preparation for transport to the hospital for clearance.

*If the patient states "Yes" to questions 1 and 2 but "No" to question 3, also mask and isolate the individual in preparation for transport to the hospital for clearance.

Nurse Completing Form: [Signature]Patient Signature: [Signature]



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Santa Ana, CA 92701

9/24/2020 9:45:49 AM CDT

Drug Orders - WEIGAND, RUBEN 2000001825

Name	Strength	Quantity	SIG	Ordered By	Start	Stop
Ibuprofen Oral	600 MG	1	twice a day	Rhea Marana NP	8/24/2020	8/28/2020
Docusate Sodium Oral	100 MG	1	once in a.m.	Rhea Marana NP	8/24/2020	8/30/2020
Loratadine Oral	10 MG	1	once in a.m.	Rhea Marana NP	8/15/2020	8/28/2020
Cimetidine Oral	400 MG	1	once in a.m.	Rhea Marana NP	8/15/2020	8/15/2020



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Treatments - WEIGAND, RUBEN 2000001825

Name	SIG	Ordered By	Start	Stop
TEMPORARY low bunk	once in a.m.	Rhea Marana NP	9/14/2020	12/12/2020
URNIE SPECIMEN CUP	once in a.m.	Rhea Marana NP	8/14/2020	8/14/2020
VITAL SIGNS	twice a day	Rhea Marana NP	8/13/2020	8/14/2020
DAILY CONTACTS	once in a.m.	Rhea Marana NP	6/29/2020	6/28/2021
DAILY CONTACTS	once in a.m.	Rhea Marana NP	3/28/2020	6/25/2020
DAILY CONTACTS	once in a.m.	Rhea Marana NP	3/25/2020	6/22/2020
DAILY CONTACTS	once in a.m.	Rhea Marana NP	3/18/2020	5/16/2020

Name	Username	Date	Type	Reason
DAILY CONTACTS	ariadne.romero	9/3/2020 12:04:12 PM	Refused	
DAILY CONTACTS	sally.eagleman	9/1/2020 10:05:19 AM	Other	on lock down
DAILY CONTACTS	sally.eagleman	8/31/2020 9:45:30 AM	Other	
DAILY CONTACTS	jonathan.montes	8/15/2020 10:41:54 AM	Refused	
URNIE SPECIMEN CUP	ariadne.romero	8/14/2020 5:12:31 PM	Administered	
DAILY CONTACTS	ariadne.romero	8/14/2020 12:58:37 PM	Refused	
VITAL SIGNS	ariadne.romero	8/14/2020 11:11:09 AM	Administered	
VITAL SIGNS	maria.teodoro	8/13/2020 11:52:28 PM	Refused	
DAILY CONTACTS	tanya.cocker	8/13/2020 11:19:26 AM	Refused	
DAILY CONTACTS	sally.eagleman	8/12/2020 11:26:00 AM	Administered	
DAILY CONTACTS	sally.eagleman	8/11/2020 11:00:00 AM	Administered	
DAILY CONTACTS	ruby.reynosa	8/9/2020 10:56:41 AM	Administered	
DAILY CONTACTS	ariadne.romero	8/8/2020 11:18:19 AM	Administered	
DAILY CONTACTS	ariadne.romero	8/7/2020 10:49:44 AM	Refused	
DAILY CONTACTS	ariadne.romero	8/6/2020 11:23:15 AM	Administered	
DAILY CONTACTS	ruby.reynosa	8/2/2020 10:31:23 AM	Administered	
DAILY CONTACTS	tanya.cocker	8/1/2020 11:00:00 AM	Refused	
DAILY CONTACTS	tanya.cocker	7/31/2020 11:00:00 AM	Administered	
DAILY CONTACTS	tanya.cocker	7/30/2020 11:17:34 AM	Administered	

Name	Username	Date	Type	Reason
DAILY CONTACTS	sally.eagleman	7/7/2020 10:28:55 AM	Administered	
DAILY CONTACTS	sally.eagleman	7/6/2020 11:42:02 AM	Administered	
DAILY CONTACTS	cindy.urrutia	7/4/2020 12:26:44 PM	Refused	
DAILY CONTACTS	tanya.cocker	7/3/2020 10:26:22 AM	Refused	low on supply per pt- plus working out right now
DAILY CONTACTS	tanya.cocker	7/2/2020 10:56:15 AM	Refused	says low on supply
DAILY CONTACTS	sally.eagleman	6/29/2020 11:00:00 AM	Administered	
DAILY CONTACTS	tanya.cocker	6/25/2020 11:10:39 AM	Administered	
DAILY CONTACTS	sally.eagleman	6/23/2020 11:17:39 AM	Other	on lock down all day
DAILY CONTACTS	sally.eagleman	6/22/2020 11:38:57 AM	Administered	
DAILY CONTACTS	irene.masina	6/21/2020 11:43:09 AM	Refused	
DAILY CONTACTS	renee.sibayan	6/20/2020 11:10:51 AM	Administered	
DAILY CONTACTS	tanya.cocker	6/19/2020 11:06:19 AM	Administered	
DAILY CONTACTS	sally.eagleman	6/17/2020 10:11:27 AM	Administered	
DAILY CONTACTS	sally.eagleman	6/16/2020 10:34:43 AM	Administered	
DAILY CONTACTS	sally.eagleman	6/15/2020 11:06:00 AM	Administered	
DAILY CONTACTS	ruby.reynosa	6/14/2020 11:00:57 AM	Administered	
DAILY CONTACTS	jonathan.montes	6/13/2020 11:23:33 AM	Refused	wants to wear glasses
DAILY CONTACTS	tanya.cocker	6/12/2020 11:57:07 AM	Administered	
DAILY CONTACTS	tanya.cocker	6/11/2020 11:14:19 AM	Administered	

Name	Username	Date	Type	Reason
DAILY CONTACTS	ariadne.romero	5/16/2020 10:06:12 AM	Administered	
DAILY CONTACTS	jonathan.montes	5/15/2020 12:50:27 PM	Administered	
DAILY CONTACTS	jonathan.montes	5/14/2020 12:16:34 PM	Administered	
DAILY CONTACTS	duanie.boltron	5/10/2020 12:09:15 PM	Administered	
DAILY CONTACTS	tanya.cocker	5/9/2020 12:12:04 PM	Administered	
DAILY CONTACTS	ariadne.romero	5/6/2020 11:59:04 AM	Administered	
DAILY CONTACTS	sally.eagleman	5/3/2020 10:04:31 AM	Administered	
DAILY CONTACTS	ariadne.romero	5/2/2020 10:15:50 AM	Administered	
DAILY CONTACTS	ariadne.romero	5/1/2020 10:15:45 AM	Administered	
DAILY CONTACTS	ariadne.romero	4/30/2020 10:25:46 AM	Refused	
DAILY CONTACTS	ariadne.romero	4/30/2020 10:24:00 AM	Administration Cancelled	/ Cancellation Note: not given
DAILY CONTACTS	sally.eagleman	4/29/2020 10:58:11 AM	Administered	
DAILY CONTACTS	cindy.urrutia	4/28/2020 12:20:47 PM	Administered	
DAILY CONTACTS	kevin.ortega	4/26/2020 11:40:59 AM	Pending Pharmacy Delivery	
DAILY CONTACTS	tanya.cocker	4/25/2020 11:58:31 AM	Pending Pharmacy Delivery	
DAILY CONTACTS	ariadne.romero	4/24/2020 10:15:47 AM	Other	pt own property has not delivered
DAILY CONTACTS	ariadne.romero	4/23/2020 11:52:16 AM	Administered	
DAILY CONTACTS	sally.eagleman	4/22/2020 10:02:34 AM	Administered	
DAILY CONTACTS	sally.eagleman	4/20/2020 11:34:21 AM	Administered	

Name	Username	Date	Type	Reason
DAILY CONTACTS	brisseth.rivera	3/24/2020 6:45:01 AM	Administered	
DAILY CONTACTS	sally.eagleman	3/23/2020 12:16:50 PM	Administered	
DAILY CONTACTS	tanya.cocker	3/20/2020 11:45:25 AM	Other	not inside cart
DAILY CONTACTS	tanya.cocker	3/19/2020 6:25:53 PM	Other	see note



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PPDs - WEIGAND, RUBEN 2000001825

Type	Date Given	Read Date	Results
ADMINISTERED	3/10/2020	3/12/2020	NEGATIVE



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Vital Signs - WEIGAND, RUBEN 2000001825

Date/Time	Blood Pressure	Temperature	Pulse	Respirations	Height	Weight	O2 Sat	Pain	BM	Mean Arterial Pressure
9/7/2020 11:34:08 AM	NA/NA	97	NA	NA	NAft NAin	NAIb	NA	NA	NA	NA
8/25/2020 12:41:06 PM	104/67	96	86	20	0ft 0in	181 lb	98	0	0	0
8/24/2020 10:45:14 PM	118/79	98	87	17	5ft 9in	NAIb	97	0	0	92
8/15/2020 8:47:39 PM	129/82	97.6	99	16	NAft 0in	NAIb	99	NA	NA	97.67
8/14/2020 11:11:09 AM	112/81	97.3	78	18	NAft NAin	NAIb	96	NA	NA	91.33
8/12/2020 4:18:12 PM	127/87	97	79	20	0ft 0in	198 lb	98	0	0	0
3/10/2020 9:45:37 PM	121/81	97.6	78	16	5ft 9in	198 lb	98	0	29.2	94.33

continue use of Cefazolin 1.2 g po q 12 hrs x 10 days

f/u labs in 1.5 weeks

GI f/u in 3-4 wks for removal of biliary stents; per pt, he will be here up to 9/30 only and will then be brought to New York
rtc pm

Education

as above

Diagnostic Name	Scheduled Date	Doctor
COMP. METABOLIC (CMP)	9/9/2020 12:00:00 AM CDT	Marana, Rhea NP

Stacey Ridley Charge RN POSTED ON 8/24/2020 10:55:06 PM CDT

Type: MEDICAL

Call out to NP oncall to inform of pt return from hospital. Orders received for docusate sodium 100mg po daily X7 days. Ibuprofen 600 mg po PRN pain. Orders noted and carried out.

Robert Hunt III RN POSTED ON 8/15/2020 6:31:47 PM CDT

Type: MEDICAL

Sick call slip rcvd this afternoon c/o lethargy, skin itchy/sensitive, abd pressure, dizzy, dark urine. Info and labs e-mailed to Rhea Marana, NP. Per NP, pt will be taken to the ER. Shift command advised and due to today's extreme staff shortage transport will be at the 1800 hr. shift change. Paperwork prepared including transfer summary, all labs, and treatment referral form.

Heather Sanchez RN POSTED ON 8/14/2020 7:05:43 PM CDT

Type: MEDICAL

Per reported c/o abdominal discomfort and generalized skin itching, orders entered into EMAR per on-call provider. Lab results pending.

Ariadne Romero LVN POSTED ON 8/14/2020 1:01:39 PM CDT

Type: MEDICAL

observed skin during med pass and cont to have jaundice. VS are completed for 0900. pt c/o Upper stomach discomfort. states "i feel like there's a pressure on my upper stomach. I have been feeling this way for a while now" charge nurse was notified. collected urine this am. will cont to monitor.

SOAP NOTE BY: Rhea Marana NP POSTED ON 8/12/2020 4:18:10 PM CDT

Type: MEDICAL

Subjective

pt reports he had abd pain last week for about 2.5 days, denies n/v, diarrhea, constipation or loss of appetite
no current symptoms
no known medical hx
onset of jaundice maybe a 1-2 days ago
denies use/abuse of drugs, etoh
had Hep A vaccination in Germany and 1 Hep B (per pt, complete series of Hep B is only 2 shots)

WEIGAND, RUBEN (P00221172) 2000001825

Robert Hunt III RN POSTED ON 6/15/2020 3:11:05 PM CDT

Type: MEDICAL

Provider's response written on sick-call slip, scanned & attached, then returned to pt.

Duanie Boltron LVN POSTED ON 3/28/2020 7:36:54 AM CDT

Type: MEDICAL

Pt prefers to have his contact lens when he is fully awake.

Duanie Boltron LVN POSTED ON 3/27/2020 7:36:52 AM CDT

Type: MEDICAL

Pr prefers to have his contact lens given to him during morning med-pass. Stated that it's too early to wear contacts at 0500.

Sairel Payan RN POSTED ON 3/24/2020 6:34:50 PM CDT

Type: MEDICAL

Patient coming back from court. Temperature: 97.5

Tanya Coder LVN POSTED ON 3/19/2020 6:28:59 PM CDT

Type: MEDICAL

Pt signed inmate property form today at 1600, informed daily contacts will be kept with med nurse and offered everyday. Pt request "I want to get contacts after breakfast , because I do have my glasses"

Stacey Ridley Charge RN POSTED ON 3/13/2020 11:01:25 PM CDT

Type: MEDICAL

Delayed entry for 3/13/2020 1825- Pt returned from court, COVID-19 screening performed. Pt is afebrile/asymptomatic at present. Supplemental Intake Screening Form completed.



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Progress Notes- INFECTIOUS DISEASE MONITORING ADMIT -WEIGAND, RUBEN (P00221172) 2000001825

Mr. Weigand was admitted to the hospital on 9/21/2020 for COVID-19.

Age 44

He was sent out to the hospital on 9/21/2020, returned on 9/24/2020, placed on 14 day precaution isolation (confined with mask and gloves, according to notation), temp. checked and stable.

Is the arresting officer aware of any of the following?:

	Yes	No	NA
Illness or Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current/Recent Suicidal Thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Influence of Drugs or Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive, Defensive or Extremely Hostile Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment by Medical Personnel in the Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

URGENT ASSESSMENT—Select and Document all that apply

Does the screener observe or is the inmate demonstrating any of the following?:

☐ in need of Emergency Medical Treatment due to injury, excessive bleeding, extreme pain, or unconsciousness

☐ Hallucinating, delirious, disoriented, unresponsive, confused, paranoid, altered mental status, or incoherent speech

☐ intoxicated, in withdrawal, drowsy/sleepy, markedly agitated, danger to himself, excessive sweating, nausea, abnormal breathing or hyperventilating

☐ voicing current or very recent suicidal thoughts

☐ discriminated to person, place, time, and/or situation

CHRONIC CONDITIONS—Select and Document all that apply

Neurological

<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Migraines/Chronic Headaches	<input type="checkbox"/> Stroke
<input type="checkbox"/> Dementia	<input type="checkbox"/> TBI/Impairment	

Respiratory

WEIGAND, RUBEN (P00221172) 2000001825

☐ Any past mental issues requiring mental health appointment

☐ Impaired mobility from casts, bandages, injury, body deformity

☐ Head injuries or fainting/passing out in the last 12 hours

☐ Special medical requirements (adaptive devices, diet, hearing aids, visual aids)

GENERAL MENTAL HEALTH ASSESSMENTS—Select and Document all that apply

Mental Health History

☐ Current or Past Treatment for mental health issues

List diagnosis, location, when it occurred, and what treatments below

☐ Mental health hospitalizations in the past year

Please provide location, when and reason below

☐ Past suicide attempts, strong plans, or treatment for attempts

List when occurred, what method, and where treated below

☐ History of sexual abuse, sexually abusing another, or conviction of a sex crime; or according to the interviewer, at risk of victimization or victimizing another inmate

☐ Signs of developmental disability (slow speech, appearance, or history)

☐ Military service

WEIGAND, RUBEN (P00221172) 2000001825

Medical Link Ball model

Please signed to obtain all medical records, planning records, and other relevant records

Items placed in boxes to be reviewed

Housing Assignment:

General Population

Segregation/Confinement

COVID Unit/Housing

Isolation

Low Risk

Quarantine

Quarantine

High

Federal Inmate

High Risk

Low

Local Inmate

High Risk Federal Inmate to High Risk

Low Risk Inmate to Local

Additional Comments:

PT returned from Anaheim Global Medical Center with the Dx of CALCU GB W/ CHOLCYST WCBST and biliary stent placement. Pt condition stable. VS recorded 8/24/2020 at 2045; unremarkable.

Abd: 4 lap incisions approximated with dermabond. No discharge/drainage, no s/sx of infection noted at present.

Pt to f/u with GI doctor in 3-4 weeks

On call NP informed of pt's return. Orders received for Ibuprofen 600 mg po PRN pain and Docusate sod capsule 100 mg po daily and continue use of IS.

COVID 19 test results from hsop neg.



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OFFSITE/HOSPITAL/ER VISIT RETURN FORM

- Completed by: Stacey Ridley Charge RN on 8/24/2020

10:45:17 PM CDT

Client: [REDACTED]	ID: (DOB) 11/11/1988	Emp: [REDACTED]	PICTURE NOT AVAILABLE
DOB: [REDACTED]	Sex: [REDACTED]	Fac: [REDACTED]	
Referring: [REDACTED]	NOTE: ** [REDACTED] **	Type: [REDACTED]	
Status: [REDACTED]	Refiling Date: 8/24/2020	Refiling Time: [REDACTED]	

☐ Offsite Visit Return

☒ ER/Hospital Return

☐ Transfer to [REDACTED] Hospital - Patient not back to facility

☐ [REDACTED] Hospital Return

☐ Patient Released from Facility

Please list Offsite/Hospital details including diagnosis, medication, and treatment plan:

PT returned from Anaheim Global Medical Center with the Dx of CALCULUS GIBROUS CYSTIC WALL. Pt condition stable. VS unremarkable.

Abd: 4 lap incisions approximated with dermabond. No discharge/drainage, no s/sx of infection noted at present.

Pt to f/u with GI doctor in 3-4 weeks

Rx script: Docusate sod capsule 100 mg po daily

Norco 10/325 mg 1 tab po q 6 hrs prn. * Order received from site NP for Ibuprofen 600 mg po PRN pain on 8/24/2020 at 2043.

COVID 19: neg



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9/24/2020 9:45:42 AM CDT

ER REFERRAL

- Completed by: Kayla Mitchell RN on 8/15/2020 8:47:51 PM CDT

Pat: WEIGAND, RUBEN	ID: (P00221172) 2000001825	Emp: 000001	PICTURE NOT AVAILABLE
DOB: [REDACTED]	Sex: M	Eth: M	
Insurance: 000001	State: **[REDACTED]**	Type: 000001	
Notes: 0000			

Mode of Transportation:

<input checked="" type="checkbox"/> Squad Car	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other (please describe)
---	------------------------------------	--

Other:

Please mark the reason:

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> All	<input type="checkbox"/> Anemia/Other Hematological
<input type="checkbox"/> Asthma/Other Respiratory	<input type="checkbox"/> Bleeding/Thrombology	<input type="checkbox"/> Chest Pain
<input type="checkbox"/> Diabetes/Hyper-Hypo-glycemia	<input type="checkbox"/> Fever/Infection	<input checked="" type="checkbox"/> Hepatic/Cirrhosis
<input type="checkbox"/> Hypertension/Cardiovascular	<input type="checkbox"/> Kidney Disease/ESRD	<input type="checkbox"/> Incontinence
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Lacerations/Injury	<input type="checkbox"/> Pain
<input type="checkbox"/> MI/Stroke	<input type="checkbox"/> Seizure	<input type="checkbox"/> Stroke/Other Neurological
<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Suspect Abuse/Neglect	<input type="checkbox"/> Trauma/Injury
<input type="checkbox"/> Other		

Profile Details:

<input checked="" type="checkbox"/> Patient Informed							
BP	Temp	Pulse	Resp	SaO2	BS	Pain	Height(ft)
129/82	97.6	99	16	99	na	na	0
Height(in)	Weight	BMI	MAP				
0	na	NA	97.67				

WEIGAND, RUBEN (P00221172) 2000001825

Responsible Party:

NaphCare (Be advised, if the patient has Medicaid or private insurance, the payor may not be NaphCare)

Electronic:

EDI 5010 Format Payer ID 58182

Mail:

NaphCare, Inc.

Attn: Claims Department

2090 Columbiana Rd, Suite 4000

Birmingham, AL 35216

It is necessary that the patient is not made aware of any appointment scheduling information

written material contained in your file, in your possession or under your control which relates to the care and treatment of the patient named above. You are specifically authorized to photocopy the following records:

☐ Entire Medical Record, as described in number 1 above

Only the following:

- ☐ Current Medications
- ☐ Lab Results
- ☐ Progress Notes of Current Treatment
- ☐ Imaging Summary

From Date To Date: (if none indicated, include request all time periods)

3. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but that if I do, it will not have any effect on any actions the organization took before receiving the revocation.
4. I understand that the information used and disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected.
5. I understand that signing this authorization is voluntary. My treatment or payment will not be conditioned upon my authorization of this disclosure.
6. I understand that this authorization will expire upon my release from custody.
7. A reproduced copy of this authorization shall be as valid as the original.
8. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE (SUBSTANCE USE DISORDER), MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV RELATED INFORMATION only if I check the box below. In the event the health information described above includes any of these types of information, and I check the box below, I specifically authorize release of such information to recipient. I understand my substance use disorder treatment records are protected pursuant to 42 C.F.R. Part 2 and cannot be disclosed without my consent. If the box below for substance use disorder treatment records is checked, my consent to release the records is given. Recipient is prohibited from redisclosing such information without my authorization unless permitted or required to do so under state and/or federal law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization.

- ☐ Alcohol/Drug Treatment (Substance Use Disorder Treatment Records)
- ☐ Mental Health Information
- ☐ HIV-Related Information



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

ORAL HYGIENE ACKNOWLEDGEMENT

- Completed by: Stacey Ridley Charge RN

on 3/10/2020 9:50:40 PM CDT

First: [REDACTED]	Last: (DO NOT WRITE)	Room: [REDACTED]	PICTURE NOT AVAILABLE
DOB: [REDACTED]	Sex: [REDACTED]	Race: [REDACTED]	
Ward: [REDACTED]	Unit: ** [REDACTED] **	Type: [REDACTED]	
Notes: [REDACTED]			

Se trata de reconocer que he recibido instrucciones de higiene oral por el personal médico. También he recibido instrucciones que se encuentran las instrucciones de higiene oral en el tablón de anuncios en la unidad de vivienda, así como en el manual de recluso para consultarla posteriormente.

This is to acknowledge that I have received oral hygiene instructions by the medical staff. I have also been instructed that the oral hygiene instructions are located on the bulletin board in the housing unit as well as in the inmate handbook for further reference.

Patient Signature

ORIENTED TO:

■ Name:

■ Age
■ Sex
■ Height

■ Race:

■ Eyes
■ Hair
■ Skin

■ Build:

■ Weight
■ Arms
■ Legs

■ Attitude:

■ Manner
■ Demeanor
■ Temper

APPEARANCE:

■ Appropriate

■ Clean

■ Well-dressed

■ Grooming

■ Neat

■ Other

BEHAVIOR:

■ Appropriate

■ Alert

■ Compliant

■ Other

PERCEPTION:

■ Appropriate

■ Attentive

■ Observant

■ Responsive

with him

■ Re
■ In
■ In

Information/Response

■ Re
■ In
■ In

Describe

Full Report

■ Re
■ In
■ In

Letter

■ Re
■ In
■ In

Internal examination complete

■ Re
■ In
■ In

Refer internal exam to District

■ Re
■ In
■ In

Examination material provided to inmate

■ Re
■ In
■ In

Results:

Positive

Neg

CXR done

Mr. [REDACTED]

Denies anypos PPD/CXR hx. Pt arrived without any medical records/TS. Will administer PPD

Last Menstrual Period:

CONSENT

I have answered all questions on the Comprehensive Nurse Exam forms truthfully to the best of my knowledge and ability. I have been told and shown how to obtain medical and mental health services. I hereby give consent for professional services to be provided to me by and through NaphCare, Inc.

CERTIFY

As the healthcare professional completing this form, by clicking "complete" on this form I hereby certify that all of the information on this page is true and correct based on the information provided to me.



Patient Signature

1) Immediately feel depressed

2) Immediately have thoughts of self harm or suicide

Receiving screen response:

3) Strongly considered or attempted suicide in the past

Receiving screen response:

4) Feel that life is lessening, positive to look forward to

5) Have any family history of attempted or committed suicide?

6) Had any recent emotional losses?

7) Had any treatment for mental health issues or suicide risk during any previous incarceration?

8) Exhibit any disorientation to person, place, time, and/or situation?

9) How does the inmate feel about the current situation?

"It's bad, really, not all"

10) Does the interviewer feel the inmate is a suicide risk and/or should be on suicide watch?

GENERAL MENTAL HEALTH ASSESSMENTS - Select and document all that apply

Has the inmate:

11) Received treatment for mental health issues?

WEIGAND, RUBEN (P00221172) 2000001825

21) Inmate Appearance:

☒ Clean/well groomed

☐ Dirty/unkept

☐ Dirty/unshowered

☐ Other

22) Inmate behavior:

☒ Cooperative

☐ Aggressive

☐ Belligerent

☐ Unruly/combative

☐ Other

Does the inmate:

☐ (1) Require any assistance?

☐ (2) Have a history of physical, sexual, or emotional abuse as a child or adult, in any setting including incarceration?

Receiving screen response:

☐ (3) Have any other serious conditions of a serious or violent crime?

☐ (4) Have a history of special education classes in school?

☐ (5) Have any form of serious developmental or learning disability, or does the intake worker believe the inmate has such a disability?

Receiving screen response:

☐ (6) Have a history of a serious head injury or trauma?

DISPOSITION/TREATMENT PLAN - Select and document all that apply



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

RECEIVING SCREENING - Completed by: Stacey Ridley

Charge RN on 3/10/2020 9:47:16 PM CDT; Signed by: Ruth Lassman Nursing Manager on 4/22/2020 11:33:48 AM

CDT

First Name: [REDACTED]	Last Name: (DOB 11/11/11)	Emp ID: [REDACTED]	PICTURE NOT AVAILABLE
DOB: [REDACTED]	Sex: [REDACTED]	Race: [REDACTED]	
Weight: 150.00 lb	Height: **5'00**	Type: [REDACTED]	
Notes: [REDACTED]			

Patient Info							
BP	Temp	Pulse	Resp	SaO2	BS	Pain	Height(ft)
121/81	97.6	78	16	98	na	0	5
Height(in)	Weight	BMI	MAP				
9	198	29.2	94.33				

Current Allergies
No Known Drug Allergy, No Known Food Allergy

Screeners: All questions in this form must be addressed. For questions with a single checkbox, by leaving the checkbox unselected, you are documenting your conclusion that all parameters of the question are false. By selecting the checkbox, you are acknowledging a positive response to the item and further documentation must be provided in the corresponding questions and text boxes.

ARRESTING OFFICER QUESTIONS—Select and Document all that apply

☐ DM☐ Hypertension☐ PAD☐ MI☐ Myocardial☐ Valvular Disease☐ Dyslipidemia

Gastrointestinal/Hepatic

☐ Infection☐ Alcohol Liver Disease☐ Inflammatory Bowel Disease

Endocrine

☐ Diabetes☐ Thyroid Disease☐ Adrenal Disease

Hematology/Oncology

☐ Anemia☐ Cancer☐ Bleeding or Coagulation Disorders☐ White Cell Disease

Infectious Disease

☐ HIV/AIDS☐ Tuberculosis☐ Hepatitis B☐ Hepatitis C

Chronic Care - Other/Miscellaneous

☐ Kidney Disease☐ Transplant☐ Other Chronic Care

GENERAL MEDICAL ASSESSMENTS—Select and Document all that apply

☐ Current medications or treatments☐ Recent medical hospitalization☐ Prior infection or contagious disease☐ General: fever, lethargy, weight loss, loss of appetite, night sweats☐ Skin: lesions, sores, marks, ulcers, rashes, nail, jaundice, line, trauma, scars, tattoos☐ Laboratory: persistent cough, coughing up blood

☐ History or risk of alcohol or drug withdrawal

Provide details of type of drug, symptoms, and when withdrawal occurred

☐ Amount and type of legal drug or prescription pain medication

Provide details of drug, frequency, amount, route, and last use below

☐ Most recent alcohol, sedative (e.g., Xanax, Valium, Klonopin, Librium), or opiate (e.g., Percocet, Vicodin, Fentanyl, morphine)

Provide details below—amount per day, number of days per week, last time sober for greater than 1 week

Most recent alcohol, sedative, or opiate use:

- ☐ Regular use
- ☐ Irregular use

MISCELLANEOUS ASSESSMENTS—Select and Document all that apply

Does the inmate have any of the following:

- ☐ Medical
- ☐ Religious
- ☐ Private Health Insurance
- ☐ Tattoos
- ☐ Scars

☐ History of recent falls

Plan Name:

DISPOSITION/TREATMENT PLAN—Select and Document all that apply

Gender self-identification and history of transition-related care.

A handwritten signature in black ink, appearing to be 'RUBEN', enclosed in a rectangular box.

Patient Signature

A handwritten signature in black ink, appearing to be 'R2' followed by a long horizontal stroke.

Patient Signature

Reviewed By rhea.marana on 9/13/2020 9:10:55 AM



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

Inmate: WEIGAND, RUBEN**Patient ID:** P00221172 (2000001825)**DOB:** [REDACTED] **Race:** W **Sex:** M**Ordering Provider:** *PROVIDER NAME NOT REPORTED BY LAB***Lab Reference ID:** N/A**Report Last Updated:** 9/12/2020 12:26:37 AM CDT**Manual Urine Drug Screen Test****Resulted:** 9/12/2020 12:25:48 AM CDT

Test Name	Value	Range	Flags	Status	Observation Time
BAR (Barbituates)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
BUP (Buprenorphine)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
MDA (Ecstasy)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
PCP (Phencyclidine)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
FEN (Fentanyl)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
Specimen Type	Clean Catch			Manual, Final	9/12/2020 12:25:48 AM CDT
OPI (Opiate)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
MET (Methamphetamine)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
AMP (Amphetamine)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
MANUAL ENTRY BY Mitchael, Kayla Charge RN on 9/11/2020 10:26:36 PM - Result Date: 9/11/2020 10:25:48 PM					
EZO (Benzodiazepines)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
COC (Cocaine)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
MID (Methadone)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
OKY (Oxycodone)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT
THC (Marijuana)	Negative			Manual, Final	9/12/2020 12:25:48 AM CDT

Test Name	Value	Range	Flags	Status	Observation Time
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NOTE: The specimen submitted was SLIGHTLY hemolyzed. Some results may be affected. Please resubmit as needed.

NON FASTING

NOTE: SST tube submitted was inadequately spun. Serum was found to contain RBCs. Certain tests, e.g. Glucose, may be decreased while others e.g. Potassium or LDH may be elevated.



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

Inmate: WEIGAND, RUBEN

Patient ID: P00221172 (2000001825)

DOB: [REDACTED] **Race:** W **Sex:** M

Ordering Provider: RHEA MARANA
(1316331663)

Lab Reference ID: 16080514924B

Report Last Updated: 8/15/2020 12:38:35
PM CDT

Lipid Screen (Basic Lipid Profile) (0009-1)

Resulted: 8/11/2020 10:02:00 AM CDT

Specimen Collection Date:

8/11/2020 10:02 AM CDT

Test Name	Value	Range	Flags	Status	Observation Time
Cholesterol (BRLI: 0058-8)	189 mg/dL	<200		Final	8/13/2020 1:22:00 PM CDT
HDL CHOL., DIRECT (BRLI: 0059-6)	54 mg/dL	>40		Final	8/13/2020 1:22:00 PM CDT
Triglycerides (BRLI: 0155-2)	96 mg/dL	<150		Final	8/13/2020 1:22:00 PM CDT
HDL as % of Cholesterol (BRLI: 1764-0)	29 %	>14		Final	8/13/2020 1:22:00 PM CDT
Evaluation: BELOW AVERAGE RISK					
Chol/HDL Ratio (BRLI: 1421-7)	3.5	<7.4		Final	8/13/2020 1:22:00 PM CDT
Evaluation: BELOW AVERAGE RISK					
LDL/HDL Ratio (BRLI: 0253-5)	2.15	<3.56		Final	8/13/2020 1:22:00 PM CDT
LDL Cholesterol (BRLI: 0505-8)	116 mg/dL	<100	Above High Normal	Final	8/13/2020 1:22:00 PM CDT
VLDL, CALCULATED (BRLI: 3345-6)	19 mg/dL	7-32		Final	8/13/2020 1:22:00 PM CDT

Acute Hepatitis Panel (3283-9)

Resulted: 8/11/2020 10:02:00 AM CDT

Specimen Collection Date:

8/11/2020 10:02 AM CDT

Test Name	Value	Range	Flags	Status	Observation Time
HEP. A Ab., IgM (BRLI: 0538-9)	Non-Reactive	Non-Reactive		Final	8/15/2020 10:31:00 AM CDT
NOTE: Hep A Ab,IgM is positive or reactive during the acute phase. Hep A Ab/Total is positive or reactive during the recovery phase or is indicative of a past infection.					
HEP. B CORE Ab., IgM (BRLI: 0206-3)	Non-Reactive	Non-Reactive		Final	8/15/2020 10:30:00 AM CDT

Test Name	Value	Range	Flags	Status	Observation Time
BUN (BRLI: 0049-7)	12 mg/dL	6-20		Final	8/13/2020 1:22:00 PM CDT
Creatinine (BRLI: 0070-3)	1.10 mg/dL	0.67-1.31		Final	8/13/2020 1:22:00 PM CDT
e-GFR (BRLI: 090013-4)	85 mL/min	>cr=60		Final	8/13/2020 1:22:00 PM CDT
e-GFR, African American (BRLI: 090015-9)	99 mL/min	>cr=60		Final	8/13/2020 1:22:00 PM CDT
BUN/Creat Ratio (BRLI: 1427-4)	10.9 Ratio	10.0-28.0		Final	8/13/2020 1:22:00 PM CDT

NOTE: Elevated IgG results of >2800 mg/dL may cause interference with the Total Bilirubin assay and cause a falsely elevated value.

NOTE: Elevated serum paraproteins, chiefly of the IgM type, may cause interference with direct and total bilirubin assays, and cause a falsely elevated value.

Calcium (BRLI: 0050-5)	9.7 mg/dL	8.6-10.4		Final	8/13/2020 1:22:00 PM CDT
Bilirubin, Total (BRLI: 0043-0)	9.4 mg/dL	<1.2	Above High Normal	Final	8/13/2020 1:22:00 PM CDT
Alk Phos (BRLI: 0185-9)	194 U/L	40-156	Above High Normal	Final	8/13/2020 1:22:00 PM CDT

NOTE: The result for ALT has been confirmed by repeat analysis.

AST (BRLI: 0146-1)	110 U/L	<40	Above High Normal	Final	8/13/2020 1:22:00 PM CDT
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NOTE: Serum specimen ICTERIC. This may affect results.

ALT (BRLI: 0147-9)	608 U/L	<41	Above High Normal	Final	8/13/2020 1:22:00 PM CDT
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Note ID	Comments
77	NOTE: The result for ALT has been confirmed by repeat analysis.
67	NOTE: Elevated IgG results of >2800 mg/dL may cause
68	interference with the Total Bilirubin assay and
69	cause a falsely elevated value.
71	NOTE: Elevated serum paraproteins, chiefly of the IgM type, may
72	cause interference with direct and total bilirubin assays,
73	and cause a falsely elevated value.

PATIENT FASTING

WEIGAND, RUBEN (P00221172) 2000001825

NAPHCARE MEDICAL DEPARTMENT				Date and Time Received		Received By	
SICK CALL REQUEST-MANAGED BY TECHCARE				9/20/20 1800		J	
Name (Nombre)		Date of Birth (Fecha de Nacimiento)		Location/Unit (Posicion/Unidad)		Inmate Number (Número de Recluso)	
WEIGAND, RUBEN		[REDACTED]		3A-08		221172	
Complaint (Queja)		Today's Date (Fecha de Hoy)					
My eye glasses have been destroyed due to potential jewelry contamination. Therefore I need to store my daily contacts over night. My lawyer will drop contact lenses fluid tomorrow 9/21. Please pass it on to the med for me so I can see in the mornings.		20/9/2020					
		Inmate Signature (Firma de Recluso)					
		[Signature]					
TRIAGE	Action <input type="checkbox"/> Refer to Provider – Sick Call; <input type="checkbox"/> Refer to MH – Sick Call; <input type="checkbox"/> Refer to MH – Chart Review Taken <input type="checkbox"/> Refer to Medical Records; <input type="checkbox"/> Refer to OB/GYN; <input type="checkbox"/> Refer to Dental <input type="checkbox"/> Refer to Optometry; <input type="checkbox"/> Nursing Protocol Initiated <input type="checkbox"/> Other: _____						
Face to Face Date		Face to Face Time		Staff Signature			
9/20/20		1800		Jonathan			
Nursing S:							
O:	Temp	Pulse	Resp	O2 Sat	B/P		
A:							
P:							
E:							
SUPPLIES SUPPLIED							
Nurses / Provider Signature				Date Completed		Time Completed	
RWH, RN				9-22-20		1410	
For Jail Use Only							

Module: 34 Date: [REDACTED]

Inmate Name: Weigand, Ruben

DOB: [REDACTED] Booking#: 221172

MEDICAL AUTHORIZATION FOR:

☒ Pregnant medical Stop date 12/12/2020

☐ Low bunk/Low tier D/T: condition

☐ Nothing to eat or drink after midnight Medical appt

☐ Other: [REDACTED] 9/14/2020

UNITED STATES MARSHALS SERVICE
CENTRAL DISTRICT OF CALIFORNIA
PMR#: 272142

TEL _____ FAX _____



PRISONER MEDICAL REQUEST

TO BE COMPLETED BY DETENTION FACILITY AND USMS DISTRICT OFFICE (as applicable):

NON-EMERGENCIES: Prior to seeking outside medical attention for a prisoner, complete form and fax to USMS District Office at fax number above. USMS will notify you of approval or denial of the request.

EMERGENCIES: obtain treatment, notify USMS as soon as possible and fax this form within 24 hrs.

Prisoner name: WEIGAND, RUBEN USMS No.: 79370-112 DOB: [REDACTED]

Private Insurance: YES ☐ NO ☒ If yes, Provider Name: _____

Detention Facility: Local Medical Facility Contact Person: kitlis munoz

Telephone No.: (714) 245-8678 Fax No.: () -

Date & Time USMS Notified of Request: 8/27/2020 2:49:00 PM

Description of Requested Service(s) or Hospitalization and Reason for Service(s):

Attach Medical or Dental Notes to Support Request or note below if Court-ordered.
Over The Counter (OTC) medications are covered by the per diem rate as part of inside medical care.
OTCs should be provided by the jail without additional cost to the USMS.

GASTRO

Urgency of Request: Emergency-Notification ☐ Urgent (<2 wks) ☐ Routine (2-6 wks) ☐

Standard (>6 wks) ☐ Hospitalization Admission ☐

Date of Admission: _____

Facility/Hospital/Pharmacy providing service: AGMC Appt. Date: _____

Hospital Point of Contact: _____ Phone No.: _____

Health Care Provider providing service: GASTRO Appt. Date: _____

NOTE: By law, USMS pays no more than Medicare rates. By policy, it is district responsibility to obtain Medicare rates. Medical Management Branch has 5 business days, after receipt of all required medical documentation, to review any non-emergent care.

TO BE COMPLETED BY USMS DISTRICT OFFICE:

Medical Request is: Approved ☐ Referred to MMB ☒ (Districts are not authorized to deny medical requests)

District Representative Signature: KG Date: 8/27/2020 2:49:30 PM

Deputies Handling Prisoner: Contract Guards / _____

TO BE COMPLETED BY USMS MEDICAL MANAGEMENT BRANCH (MMB):

MMB REVIEW: Approved ☒

MMB and Physician Comments:

GI consult, for biliary stent removal, approved at this time. If further testing, treatment or surgery is required please submit another ePMR with supporting objective medical documentation/notes, lab results, x-rays, diagrams, proposed tx plan, etc. for review by MMB prior to care. Thank you.

WEIGAND, RUBEN (P00221172) 2000001825



RELEASE OF RESPONSIBILITY - SPECIFIC PROCEDURE

WEIGAND, Ruben

8/30/2020

Name of Patient

Date

P00221172 4-17-82

Patient ID Number / Date of Birth

I have hereby clearly expressed or indicated a decision to refuse to accept the following medical treatment/recommendations:

stool softer

The above treatment/recommendations and the risks and benefits involved have been satisfactorily explained to me. In addition, I have had the opportunity to ask questions about the proposed recommendation and have had these answered to my satisfaction.

I have decided NOT to accept/permit the treatment/recommendations listed above and understand that my failure to follow the advised medical treatment may seriously affect my health.

By signing below, I assume responsibility for all of the risks and consequences of my refusal and hereby release and agree to hold harmless NaphCare, Inc. and its employees and agents from all responsibility and ill effect which may occur as a result of my refusal to accept/permit the proposed recommendation(s).

Patient Signature

Date/Time

Witness

Witness

ANAHEIM GLOBAL MEDICAL CENTER**Patient Discharge Instructions**

Patient Name: (Secured) WEIGAND, RUBEN

Visit ID: 100242549

MR Number: 001092540

DOB: [REDACTED]

Discharged:

Attending: MINMIN MYA

**Home Meds****Start taking these medications**

DOCUSATE SODIUM CAPSULE 100 MG ORAL DAILY

Note: DO NOT CRUSH OR BREAK

DO NOT CRUSH OR BREAK

IF FOR ENTERAL TUBE USE, DISOLVE CAPSULE IN WARM WATER (10ML)

IF FOR ENTERAL TUBE USE, DISOLVE CAPSULE IN WARM WATER (10ML)

HYDROcodone-ACETAMINOPHEN TABLET 10-325 MG 1 TABLET ORAL EVERY 6 HOURS AS NEEDED

Note: THERAPEUTIC INTERCHANGE FOR

** 2 TABS NORCO-5

NOT TO EXCEED 4GM ACETAMINOPHEN IN

24 HOURS FROM ALL SOURCES

BLACK BOX WARNING: ACETAMINOPHEN HAS THE POTENTIAL FOR OVERDOSE OR POISONING CAUSING HEPATOTOXICITY AND ACUTE LIVER FAILURE, AT TIMES RESULTING IN LIVER TRANSPLANTATION AND DEATH.

Medication Indication: Moderate pain

Allergies

No Known Drug Allergies

Patient Education

COVID-19 (CORONAVIRUS DISEASE 2019)

Language: ENGLISH

Provided on: 08/16/2020 8:53 am

COVID-19 (CORONAVIRUS DISEASE 2019)

Language: ENGLISH

Provided on: 08/16/2020 8:54 am

ERCP (ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY)

Language: ENGLISH

Provided on: 08/18/2020 9:35 am

JAUNDICE

Language: ENGLISH

Provided on: 08/16/2020 8:54 am

Piperacillin/Tazobactam (Injection) (Injectable)

Language: ENGLISH

Provided on: 08/16/2020 8:53 am

SIGNATURE/DATE/TIME

Provided by: _____

Provided by: _____

Received by: _____

Received by: _____

ANAHEIM GLOBAL MEDICAL CENTER**Patient Discharge Instructions**Patient Name: **(Secured) WEIGAND, RUBEN**Visit ID: **100242549**MR Number: **001092540**DOB: **[REDACTED]**

Discharged:

Attending: **MINMIN MYA****Discharge Instructions 2****Diet**

- Regular (resume normal diet)

Activity

- Perform everyday activities as tolerated. Plan rest periods. It may be helpful to raise your feet while resting. Stop activity if you have pain, shortness of breath or feel dizzy. Talk to your doctor before starting an exercise program.

Smoking Cessation:

- If you smoke, quit! If you don't, don't start. Avoid second-hand smoke. TIPS TO STOP SMOKING: Set a date to quit, or begin cutting down the number of cigarettes you smoke per day. Call 1-800-QUIT NOW (1-800-784-8669) for an individual plan and advice.
- Line up support: family, friends or a support group. Avoid situations that make you want to smoke; ask others not to smoke around you. Ask your doctor about medication that can help you quit.
- The most effective quitting method is the combination of counseling and the use of cessation medication.

Discharge**Discharge Education Provided**

- Patient education provided
- Education given related to Discharge Medications

Discharge Medications

- Medication list given to patient

Pre-Admission Medications Returned To Patient/Family

- N/A

Patient Belongings Inventory

- No Valuables

COMMUNITY RESOURCES

- American Heart Association 1-800-242-8721
- American Stroke Association 1-888-478-7653
- Diabetic Association 1-800-342-2383

SIGNATURE/DATE/TIME

Provided by: _____

Provided by: _____

Received by: _____

Received by: _____

ANAHEIM GLOBAL MEDICAL CENTER
 1025 SO ANAHEIM BLVD
 ANAHEIM, CA 92805
 (714)533-6220

Bloodless

No

Patient Information	Visit ID	Patient Type	Point of Origin	Admit Date / Time	Discharge Date/Time	Location	Medical Record Number	
	100242549	INPATIENT	SELF OR NONHEALTHCARE REFERRAL	08/16/2020 01:25		TELEMETRY/MED SURG - DMH 408-1	001092540	
	Patient Name and Address			Phone \ Email	Patient Employer Name and Address		Work Phone	
	*WEIGAND, RUBEN 20 CIVIC CENTER PLAZA SANTA ANA, CA 92701-4058			(714)647-5400	UNEMPLOYED XXXXXXXXXXXXXX XXXXXXXXXXXXXX, CA 99999-999		(999) 999-9999	
Service Cd	FC	Social Security	Birthdate	Age	Sex	Marital Status	Race/ Ethnicity	Religion/Primary Language
	12	60	000000000		38Y	M	S	White Not Hispanic or Latino
IPA		PCP		Attending Physician		Admitting Physician		
		NON, PER PT		MYA, MINMIN (714)772-8282		MYA, MINMIN (714)772-8282		
Emer. Contact	Emergency Contact Name / Address			Phone/Relationship	Next of Kin			Phone/Relationship
Guarantor	Guarantor Name / Address			Phone/DOB	Guarantor Employer Information			Employer Phone
	US FEDERAL MARSHALL, 411 W 4TH ST STE2150 SANTA ANA, CA 92701-4500							
Insurance Info	Primary Insurance Plan			Secondary Insurance Plan		Tertiary Insurance Plan		
	Insurance Address	US MARSHALL/FEDERAL 411 W 4TH ST STE 2150						
Phone Insured	SANTA ANA CA 92701-4500 (213)620-8332							
Relationship	WEIGAND, RUBEN							
Birth Date	Self							
Group #								
Policy #	20000014004							
Auth. #								
Misc	Arrived by		Advance Directive	Occurrence Date / Time			Date/Time Printed	
	LAW ENFORCE/POLICE			11 - Onset of Symptoms/illness - 08/15/2020 17:00			08/19/2020 10:38 AM	
Previous Admit Date		Admitting Complaint					Admit By	
		JAUNDICE					Steve.Fuentes	

Comments:

Alerts:

WEIGAND, RUBEN (P00221172) 2000001825

Rev Date 10/17/2012

FINAL (SIGNED)

ANAHEIM GLOBAL MEDICAL CENTER

Discharge Summary Note

Patient:	Sex:	DOS:	MR#:	Admit Date:	Discharge Date:
WEIGAND, RUBEN	Male	08/24/2020 16:40	001092540	08/16/2020 01:25	

Discharge Medications

DOCUSATE SODIUM CAPSULE, 100 MG ORAL DAILY, Start Date: 08/24/2020

HYDROcodone-ACETAMINOPHEN TABLET 10-325 MG, 1 TABLET ORAL EVERY 6 HOURS AS NEEDED PRN, Start Date: 08/22/2020

PHYSICIAN SIGNATURE*Signature attests that all pages have been reviewed and completed*

ABRAHAM HARN, D.O.

08/24/2020 16:41

Physician Electronically signed by

Date

WEIGAND, RUBEN (P00221172) 2000001825

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Monday, August 24, 2020 4:44:51 PM - Page 2/2]

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ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Gastroenterology

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/24/2020 15:37	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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CV/Lines: ☒ RRR ☐ IRR ☐ No R/G/M ☐ No JVD ☐ A-Line ☐ CVP ☐ Swan ☐ Not examined

Lung: ☒ CTA B/L ☐ No wheezes/rales/rhonchi ☐ Not examined

Abd: ☒ Non-tender ☐ Normal bowel sounds ☐ No guarding/rebound ☐ No organomegaly ☐ Heme neg ☐ Not examined

PLAN OF CARE

Subjective:

Patient appears stable

Objective:

Please see above

Assessment:

1. Obstructive jaundice, resolving. It is post ERCP sphincterotomy stone removal and biliary stent placement
2. Cholelithiasis and choledocholithiasis
3. Status post laparoscopic cholecystectomy on 8/22/2020

Plan:

Stable from GI standpoint for discharge
We will repeat ERCP and remove the biliary stent in about 3 to 4 weeks

Documentation Cont. Next Page

WEIGAND, RUBEN (P00221172) 2000001825

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Monday, August 24, 2020 4:45:03 PM - Page 2/3]

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ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Internal Medicine

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/24/2020 08:38	MR#: 001092540	Admit Date: 08/16/2020 01:25
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Age: 38Y	DOB: [REDACTED]	Room: 408	Bed: 1	Visit #: 100242549
Attending Physician: MYA, MINMIN		Created By: HARN, ABRAHAM		Creation Date: 08/24/2020 08:38

HISTORY~~NO NEW COMPLAINTS~~ NO OVERNIGHT EVENTS SHORTNESS OF BREATH ABDOMINAL PAIN

s/p ERCP with sphincterotomy, stone removal, and biliary stent.
 s/p cholecystectomy 8/22
 receiving norco for pain.

Flatulence but no BM yet. Tolerating oral diet fine.
 Ambulated without any difficulty.

VITAL SIGNS**LAST SET OF VITALS:**

BP: 91/57 08/24/2020 05:25
 Pulse: 69 08/24/2020 05:25
 Temp: 98.4 F 08/24/2020 05:25
 Resp: 16 08/24/2020 05:25
 O2 Sat: 98.0%(Mask,Face) 08/24/2020 05:25
 Calculated BMI: 25.6 08/15/2020 19:16

PHYSICAL EXAM

HEENT: Atraumatic; jaundice
 LUNGS: Clear
 CARDIAC: Regular Rate and Rhythm
 ABDOMEN: Soft; Non-Tender; surgical incision sites clean without drainage.
 NEURO: Alert and Oriented

Comment:

INPATIENT MEDICATIONS

Ord. Status	Proc. Status	Desc.	Freq.	Ord. By
Active		HYDROcodone-ACETAMINOPHEN 10-325 MG 1 TABLET ORAL	EVERY 6 HOURS AS NEEDED	MYA, MINMIN
Active		HYDROcodone-ACETAMINOPHEN 5-325 MG 1 TABLET ORAL	EVERY 6 HOURS AS NEEDED	MYA, MINMIN
Active		LACTATED RINGERS 1,000 ML IV	75 ML/HR	HARN, ABRAHAM
Active		METOCLOPRAMIDE 10 MG/2 ML IV	EVERY 8 HOURS AS NEEDED	NEJAT-BINA, DAVID
Active		morPHINE (PF) 2 MG/1 ML IVP	EVERY 2 HOURS AS NEEDED	NEJAT-BINA, DAVID

WEIGAND, RUBEN (P00221172) 2000001825

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Monday, August 24, 2020 9:14:09 AM - Page 1/2]

08/21/2020 09:15:24

1 of 1

ANAHEIM GLOBAL MEDICAL CENTER
1025 SO ANAHEIM BLVD
ANAHEIM, CA 92805

Laboratory Detail

Name: (Secured) WEIGAND, RUBEN

Birth Date: [REDACTED]

Visit ID: 100242549

Med Rec#: 001092540

Location: 408 - 1

Age: 38 Years

Sex: Male

Admitting Dr: MYA, MINMIN

Admitted: 08/16/2020 01:25

(This is not a chartable copy)

Ord Cd Desc: SARS-COV-2 RNA QL RT-PCR(

Result Status: Final Result

Specimen Src: Nasopharyngeal Swab

Ordered Dttm: 08/16/2020 00:33

Body Site: Nasal Swab

Collected Dttm: 08/16/2020 00:15 by:

Order Nbr: 0022

Received Dttm: 08/18/2020 17:40 by:

Priority: Stat

Released Dttm: 08/18/2020 17:40 by:

Ordering Dr: CHOU, DAVID

Special Instructions:

Test	Result	Reference Range	Unit
SARS-CoV-2, NAA	Not Detected	Not Detected	

This test was developed and its performance characteristics determined by LabCorp Laboratories. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test has been validated in accordance with the FDA's Guidance Document (Policy for Diagnostics Testing in Laboratories Certified to Perform High Complexity Testing under CLIA prior to Emergency Use Authorization for Coronavirus Disease-2019 during the Public Health Emergency) issued on February 29th, 2020. FDA independent review of this validation is pending. This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

Performed at: CETWE - LabCorp Phoenix

5005 S 40th St, Phoenix, AZ 850402969

Lab Director: Earle Collum MD, Phone: 8007889743

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ANAHEIM GLOBAL MEDICAL CENTER

Long History and Physical

Patient:
 WEIGAND, RUBEN

Sex:
 Male

DOS:
 08/16/2020 14:23

MR#:
 001092540

Admit Date:
 08/16/2020 01:25

Discharge Date:

Home Medications

Immunizations

SOCIAL HISTORY

FAMILY HISTORY

VITAL SIGNS

T-max (Last 24 hours): 99.0 F 08/15/2020 19:16

Last Set of Vitals:

 BP: 112/52 08/16/2020 12:00
 Pulse: 63 08/16/2020 12:00
 Temp: 97.3 F 08/16/2020 12:00
 Resp: 18 08/16/2020 12:00
 O2 Sat: 94.0% 08/16/2020 12:00
 Calculated BMI: 25.6 08/15/2020 19:16

PHYSICAL EXAM

Documentation Cont. Next Page

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:30:41 PM - Page 2/8]

WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 2 of 8

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ANAHEIM GLOBAL MEDICAL CENTER

Long History and Physical

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/16/2020 14:23	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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Complete BLD CNT With Auto DIFF	MANUAL DIFFERENTIAL?	NONE			Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	SEGMENTED NEUTROPHILS	59.1	(43.5-73.5 %)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	LYMPHOCYTES	27.5	(15.2-43.3 %)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	MONOCYTES	10.5	(5.5-13.7 %)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	EOSINOPHILS	1.6	(0.8-8.1 %)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	BASOPHILS	1.3	(0.2-1.5 %)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	NUCLEATED RED BLOOD CELLS	0	(0.0-0.6 /100 WBC)		Final Result	08/16/2020 07:20:00
Complete BLD CNT With Auto DIFF	MPV	8.2	(7.4-11.4 fL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	SODIUM	137	(136-145 mmol/L)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	POTASSIUM	3.8	(3.5-5.1 mmol/L)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	CHLORIDE	101	(98-107 mmol/L)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	CARBON DIOXIDE	27	(21-31 mmol/L)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	GLUCOSE	94	(70-105 mg/dL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	BUN	8	(7-25 mg/dL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	CREATININE	0.9	(0.7-1.3 mg/dL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	CALCIUM	9.4	(8.6-10.3 mg/dL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	ALKALINE PHOSPHATASE	183 H	(34-104 U/L)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	TOTAL PROTEIN	6.1	(6.0-8.3 g/dL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	ALBUMIN	4	(3.5-5.7 g/dL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	GLOBULIN	2.1 L	(2.2-4.2 g/dL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	TOTAL BILIRUBIN	12.8 H	(0.3-1.0 mg/dL)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	AST -SGOT	174 H	(13-39 U/L)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	ALT-SGPT	490 H	(7-52 U/L)		Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	BUN/CREATININE RATIO	9			Final Result	08/16/2020 07:20:00
Comprehensive MET Panel	A/G RATIO	1.9	(0.8-2.0)		Final Result	08/16/2020 07:20:00

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020, 1:30:41 PM - Page 4/8]

WEIGAND, RUBEN (P00221172) 2000001825

FINAL (SIGNED)

ANAHEIM GLOBAL MEDICAL CENTER

Long History and Physical

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/16/2020 14:23	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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Complete BLD CNT With Auto DIFF	RED BLOOD CELL COUNT	4.95	(4.06-5.63 M/uL)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	HEMOGLOBIN	16.5 H	(12.5-16.3 g/dL)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	HEMATOCRIT	48.6 H	(36.7-47.1 %)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	MCV	98.2 H	(73.0-96.2 FL)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	MCH	33.4	(23.8-33.4 pg)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	MCHC	34	(32.5-36.3 g/dL)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	PLATELET COUNT	307	(152-348 K/uL)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	RDW	14.2	(12.1-16.2 %)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	MANUAL DIFFERENTIAL?	NONE		Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	SEGMENTED NEUTROPHILS	56.8	(43.5-73.5 %)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	LYMPHOCYTES	30.6	(15.2-43.3 %)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	MONOCYTES	9.8	(5.5-13.7 %)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	EOSINOPHILS	1.6	(0.8-8.1 %)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	BASOPHILS	1.2	(0.2-1.5 %)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	NUCLEATED RED BLOOD CELLS	0.1	(0.0-0.6 /100 WBC)	Final Result	08/15/2020 19:30:00
Complete BLD CNT With Auto DIFF	MPV	8.6	(7.4-11.4 FL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	SODIUM	138	(136-145 mmol/L)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	POTASSIUM	3.6	(3.5-5.1 mmol/L)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	CHLORIDE	98	(98-107 mmol/L)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	CARBON DIOXIDE	29	(21-31 mmol/L)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	GLUCOSE	104	(70-105 mg/dL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	BUN	9	(7-25 mg/dL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	CREATININE	1	(0.7-1.3 mg/dL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	CALCIUM	10	(8.6-10.3 mg/dL)	Final Result	08/15/2020 19:30:00
Comprehensive MET Panel	ALKALINE PHOSPHATASE	220 H	(34-104 U/L)	Final Result	08/15/2020 19:30:00

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:30:41 PM - Page 6/8]

WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 6 of 8

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ANAHEIM GLOBAL MEDICAL CENTER

Long History and Physical

Patient:
 WEIGAND, RUBEN

Sex:
 Male

DOS:
 08/16/2020 14:23

MR#:
 001092540

Admit Date:
 08/16/2020 01:25
Discharge Date:**PLAN OF CARE****Current Problems****Assessment:**

Jaundice

Plan:
 hepatitis A, B, and C screening,
 GI consult for possible ERCP
PHYSICIAN SIGNATURE*Signature attests that all pages have been reviewed and completed*

HOI K. TRINH, MD

Physician Electronically signed by

08/20/2020 13:28

Date

 [NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:30:41 PM - Page 8/8]
 WEIGAND, RUBEN (P00221172) 2000001825

FINAL (SIGNED)

ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Gastroenterology

Patient:	Sex:	DOS:	MR#:	Admit Date:	Discharge Date:
WEIGAND, RUBEN	Male	08/20/2020 13:09	001092540	08/16/2020 01:25	

CV/Lines: ☒ RRR ☐ IRR ☐ No R/G/M ☐ No JVD ☐ A-Line ☐ CVP ☐ Swan ☐ Not examined

Lung: ☒ CTA B/L ☐ No wheezes/rales/rhonchi ☐ Not examined

Abd: ☒ Non-tender ☐ Normal bowel sounds ☐ No guarding/rebound ☐ No organomegaly ☐ Heme neg ☐ Not examined

Anatomical Diagrams:

RESULTS**Laboratory**

Documentation Cont. Next Page

[NAME: WEIGAND, RUBEN - MRN: 001092540 - Printed: Thursday, August 20, 2020 1:15:00 PM - Page 2/5]
 WEIGAND, RUBEN (P00221172) 2000001825

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ANAHEIM GLOBAL MEDICAL CENTER

Progress Note - Gastroenterology

Patient: WEIGAND, RUBEN	Sex: Male	DOS: 08/20/2020 13:09	MR#: 001092540	Admit Date: 08/16/2020 01:25	Discharge Date:
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PLAN OF CARE**Subjective:**

Patient is feeling better
Denies abdominal pain

Objective:

Please see above

Assessment:

1. Obstructive jaundice, resolving. It is post ERCP sphincterotomy stone removal and biliary stent placement
2. Cholelithiasis and choledocholithiasis

Plan:

Advance diet
Consider general surgery consult for cholecystectomy

Documentation Cont. Next Page

ANAHEIM GLOBAL MEDICAL CENTER, INC.
Anaheim, CA

CONSULTATION

NAME: WEIGAND, RUBEN
MRN: 001092540
ACCT#: 100242549

DATE OF CONSULTATION: 08/20/2020

SURGICAL CONSULTATION

CHIEF COMPLAINT:
Choledocholithiasis, post-ERCP.

HISTORY OF PRESENT ILLNESS:

The patient is a 38-year-old male without significant past medical history who was brought into the hospital for acute abdominal pain. At that time, the patient also was found to be jaundiced. The patient was evaluated and noted that has bile duct, which measured about 1.6 cm and had elevated LFTs. The patient has undergone ERCP and stone extraction and placement of stent yesterday on 08/19/2020 and now I have been asked to evaluate the patient. Please note that the patient's ultrasound confirms that the patient at that time did have a dilated common bile duct and had a retracted gallbladder with thickened gallbladder wall and multiple stones in the gallbladder. The patient currently is stable after ERCP and is hungry and wants regular food.

PAST MEDICAL HISTORY:
None.

PAST SURGICAL HISTORY:
None.

MEDICATIONS:
None.

ALLERGIES:
No known drug allergies.

SOCIAL HISTORY:
The patient has an occasional history of smoking. Occasional history of alcohol use. No history of drug use. The patient works on e-commerce. The patient is here at the custody of federal Marshals.

REVIEW OF SYSTEMS:
Denies any chest pain, shortness of breath, cough, fever, seizures, asthma. The patient appears to be fit.

FAMILY HISTORY:
Noncontributory. None of his family members have had gallstones in the past.

PHYSICAL EXAMINATION:

GENERAL: The patient is a well-developed, well-nourished male who appears to be fit. The patient does not appear to be in acute distress at this time. HEENT: Pupils equal, round, reactive to light and accommodation. Extraocular muscles are intact. Sclerae are nonicteric.

NECK: Supple, no JVD, no thyromegaly, no adenopathy.

LUNGS: Clear to auscultation bilaterally. No rales, rubs, rhonchi or wheezes.

CARDIOVASCULAR: Regular rate and rhythm. Normal S1, S2. No gallop, rubs or

WEIGAND, RUBEN (P00221172) 2000001825

ANAHEIM-GLOBAL-MEDICAL CENTER, INC.
Anaheim, CA

CONSULTATION

NAME: WEIGAND, RUBEN
MRN: 001092540
ACCT#: 100242549

DATE OF CONSULTATION: _____

GASTROENTEROLOGY CONSULTATION

HISTORY OF PRESENT ILLNESS:

The patient is a 38-year-old incarcerated male, who presents to the hospital with an abdominal pain. The patient denies any nausea, vomiting, hematemesis, melena, or bright red blood per rectum. The patient has nausea, but no vomiting. The patient noticed that he was jaundiced.

PAST MEDICAL HISTORY:
Fairly unremarkable.

PAST SURGICAL HISTORY:
None.

SOCIAL HISTORY:
Is in incarceration.

FAMILY HISTORY:
Is in incarceration.

REVIEW OF SYSTEMS:

HEAD, EYES, EARS, NOSE, AND THROAT: No evidence of otorrhea, rhinorrhea, or pharyngeal inflammation.

CARDIOVASCULAR REVIEW: No history of chest pain.

RESPIRATORY REVIEW: No history of chronic obstructive pulmonary disease.

GASTROINTESTINAL REVIEW: Noted no jaundice.

LOCOMOTOR REVIEW: Fairly unremarkable.

NEUROLOGIC REVIEW: Fairly unremarkable.

PHYSICAL EXAMINATION:

GENERAL: A 38-year-old male in mild distress.

VITAL SIGNS: Blood pressure 120/80, pulse 98, and temperature 99.

HEART: S1 and S2 is present. No S3 or S4.

LUNGS: Air exchange is good.

ABDOMEN: Bowel sounds are present. The patient has mild tenderness. No rebound.

EXTREMITIES: Normal.

NEUROLOGIC: No focal deficits.

DIAGNOSTIC DATA:

CT and ultrasound of the abdomen show a significantly dilated common bile duct.

ASSESSMENT AND PLAN:

Elevated transaminases and bilirubin, associated with a dilated common bile duct, need to rule out stricture, choledocholithiasis. Viral hepatitis panel was also done and the patient will have an ERCP for further evaluation. Abnormal pancreas on imaging, we will also need an endoscopic ultrasound to evaluate the pancreas.



OPERATIVE NOTE:

Pre-op Diagnosis: Cholecystitis, cholelithiasisPost-op Diagnosis: Same P - ERCPOperation Performed: lap cholecystectomySurgeon: DinaAssistant Surgeon: KachitanaType of Anesthesia: RemirezAnesthesiologist: Gen / endo / throat ⊕ 30 to 0.25% MeroninFindings: Ante chole, inflamed infundibulum Contracted GB 5 stonesImmediate Post-op condition: fairSpecimen: GB☒ Sent to PathologyComplications: φEstimated Blood Loss: 250Replacement: 1.2L Crystalloid
& FentanylDrains, tubes, etc.: φDate: 8/22/20Time: 9:45Physician Signature: [Signature]

PATIENT ID

Anahelm Global
Medical CenterPHYSICIAN PROCEDURAL
NOTE 8/22/20

WEIGAND, RUBEN (P00221172) 2000001825

Acct:100242549 MRN:001092540
*WEIGAND, RUBEN
04/17/1982, M, 38Y, 1
AT: MYA, MINMIN
DOS: 08/16/2020 01:25 AGMC

WEIGAND, RUBEN (P00221172) 2000001825

visualization of right upper quadrant organs. Under direct vision, an 11 mm trocar was placed in the subxiphoid and two 5 mm trocars were placed in the right upper quadrant. Manipulation of the organs revealed that the patient indeed had a significant amount of adhesions to the gallbladder. Gallbladder appeared to be scarred and contracted; however, appeared to be full of stones and appeared to be chronically inflamed. The adhesions were taken down. The anatomy which somewhat was difficult was finally able to understand and anatomy was identified well before any further dissection. Triangle of Calot, which was also contracted, was dissected. A window was created in the triangle of Calot and an Endo GIA regular load was used to ligate and divide the cystic duct. Cystic artery was also identified and was clipped 3 times proximally, once distally and was incised. I then began by removing the gallbladder from the liver bed using Bovie electrocautery. Gallbladder was removed intact. Again, gallbladder appeared to be extremely contracted. After the gallbladder was removed, it was retrieved via EndoCatch bag through Hasson trocar while the camera was placed in the subxiphoid port. The gallbladder was removed and was sent to pathology. Hasson trocar was reinserted back inside the abdomen. Camera was reinserted back inside the Hasson trocar and began by irrigating the area with copious amount of saline and suctioned until clear. The liver bed, which may have been bleeding, was stopped with Bovie electrocautery. Good hemostasis was seen. Despite that, the area was sprayed with Arista, which is a hemostatic agent. At this time, the operation ended and was allowed for the CO2 to escape and abdomen to deflate. The trocars were taken out under direct visualization making sure that there were no bleedings. Finally, Hasson trocar was removed and was allowed for the CO2 to escape and midline fascia was closed using 0 Vicryl suture in a figure-of-eight configuration. Fascial stitches were tied together as well. The subxiphoid trocar site was also closed using 0 Vicryl suture in a figure-of-eight. Please note that all the needle counts, sponge counts were reported to be correct prior to the end of the operation. At this time, the trocar sites were irrigated with copious amounts of saline and skin was closed using 4-0 Monocryl in a simple interrupted or running subcuticular fashion. Dermabond was used as occlusive dry dressing.

I's and O's, the patient had a liter of crystalloid, had no Foley.

ESTIMATED BLOOD LOSS:
Less than 5 mL.

DRAINS:
None.

FINDINGS:
The fact that the patient had a contracted gallbladder full of stones and appeared to have had chronic cholecystitis secondary to adhesions and the way the gallbladder had been scarred and had been contracted.

SPECIMEN:
The gallbladder and stones were sent to pathology.

COMPLICATIONS:
None.

DISPOSITION:
The patient was sent to recovery room in extubated, stable condition.

Thanks Dr. Gaddam for allowing us to participate in the care of this patient.

David Nejat-Bina, M.D.

ANAHEIM GLOBAL MEDICAL CENTER, INC.
Anaheim, CA

PROCEDURE REPORT

NAME: WEIGAND, RUBEN
MRN: 001092540
ACCT#: 100242549

DATE OF PROCEDURE: 08/19/2020

NAME OF PROCEDURE:
Endoscopic retrograde cholangiopancreatogram, sphincterotomy, stone extraction,
and biliary stent placement.

PREOPERATIVE DIAGNOSIS:
Obstructive jaundice.

POSTOPERATIVE DIAGNOSES:
1. Choledocholithiasis, 1 stone removed from the bile duct.
2. A 10-French 7 cm long biliary stent placed in the bile duct.

SEDATION:
Given by Dr. St. Thomas.

PROCEDURE IN DETAIL:
The patient was taken to the endoscopy room, placed in the left lateral decubitus position. After adequate sedation given, an Olympus video duodenoscope was introduced into oropharynx and esophagus was intubated. Scope was then advanced into the stomach and duodenum. Ampulla of the Vater identified. This appears normal with no evidence of any tumor involving the ampulla. A sphincterotome introduced into the ampulla and injection of contrast revealed presence of dilated bile duct with a filling defect in the common bile duct, a sphincterotomy performed in the routine fashion. Good hemostasis obtained. A balloon catheter passed, sweeps made several times and 1 stone removed. Repeat cholangiogram is unremarkable. A 10-French 7 cm long biliary stent placed across the sphincter. Scope withdrawn. The patient tolerated the procedure well.

Syam Gaddam, M.D.

SG/NTS
DD: 08/20/2020 13:05:52
DT: 08/20/2020 13:42:59
Job#: 180129/1660155

cc: Dr. St. Thomas

ANAHEIM GLOBAL MEDICAL CENTER, INC.
Anaheim, CA
Electronically Authenticated by:
SYAM GADDAM, M.D. on 08/21/2020 09:19 AM PDT

ANAHEIM GLOBAL MEDICAL CENTER
 1025 S ANAHEIM BLVD.
 ANAHEIM, CA 92805
 R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN

MR#: A001092540

SEX:M AGE: 38Y

CHEMISTRY

Collected	08/21/2020 06:16	08/20/2020 06:00	08/19/2020 05:31	08/18/2020 06:15	08/17/2020 06:35		
Released	08/21/2020 07:28	08/20/2020 08:13	08/19/2020 07:14	08/18/2020 09:46	08/17/2020 08:53	Reference Range	Units
NA	144	146 H	143	142	141	136-145	mmol/L
K	4.3	4.2	4.0	3.7	4.0	3.5-5.1	mmol/L
CL	109 H	107	109 H	106	107	98-107	mmol/L
CO2	30	32 H	27	29	26	21-31	mmol/L
GLU	108 H	100	106 H	97	80	70-105	mg/dL
BUN	10	10	11	14	16	7-25	mg/dL
CREAT	0.9	0.8	0.8	1.0	1.0	0.7-1.3	mg/dL
CA	9.1	9.3	9.0	9.4	9.2	8.6-10.3	mg/dL
TP	5.4 L	5.9 L	5.7 L	6.1	5.9 L	6.0-8.3	g/dL
ALB	3.6 ¹	4.0 ¹	3.8 ¹	3.9 ¹	3.8 ¹	3.5-5.7	g/dL
TBIL	3.9 H	5.7 H	5.1 H	6.4 H	7.9 H	0.3-1.0	mg/dL
ALXPHOS	107 H	130 H	139 H	165 H	174 H	34-104	U/L
AST	101 H	174 H	170 H	172 H	184 H	13-39	U/L
ALT	411 H	557 H	498 H	530 H	503 H	7-52	U/L
GLOB	1.8 L	1.9 L	1.9 L	2.2	2.1 L	2.2-4.2	g/dL
AGRATIO	2.0	2.1 H	2.0	1.8	1.8	0.8-2.0	
B/CREAT	11	13	14	14	16		
EGFR	100 ²	115 ²	115 ²	89 ²	89 ²		

REPORTING NOTE:

Recumbent Adult: 3.5 - 5.0 g/dL

Ambulatory Female: 3.7 - 5.3 g/dL

Ambulatory Male: 4.2 - 5.5 g/dL

²*ml/min/1.73 m2

eGFR Description

>=60.....Normal to mildly decreased eGFR

30-59.....Moderately decreased eGFR

15-29.....Severely decreased eGFR

<15.....Kidney Failure

The estimated GFR is calculated by the MDRD equation. The result normalized to average adult surface area (SA) of 1.73 m2, and should be multiplied by (SA/1.73) for patients at extremes of body size. Results should be interpreted with clinical correlation based on various etiologic changes in BUN and Albumin. It should not be used for Drug Dosing since not all drugs are removed by Glomerular Filtration. Result has not been validated for patients <18 and >89 years of age, pregnant women and of other than Caucasian or African races.

³This test was performed at: ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705 Medical Director: R. Michael Tadros, MD.

⁴Lab add on**Legend:**

L = Low, H = High, CL = Critical Low, CH = Critical High, CR = Changed Result, * = Abnormal

ORDERING MD: CHOU, DAVID
 Anaheim Cumulative Daily HPF
 PRINTED: 08/22/2020 23:22
 RUN#:R2023575098

NAME: WEIGAND, RUBEN
 MR#: A001092540
 ACCT: A100242549
 LOC: AN U4-408-1

PAGE 1 OF 7

WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 1 of 7

ANAHEIM GLOBAL MEDICAL CENTER
 1025 S ANAHEIM BLVD.
 ANAHEIM, CA 92805
 R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN

MR#: A001092540

SEX:M AGE: 38Y

DOB: [REDACTED]

THERAPEUTIC DRUG MONITORING /
 TOXICOLOGY

Collected	08/15/2020 19:30		
Released	08/15/2020 20:33	Reference	Units
ACETA	<10 ⁸	10-30	ug/mL
SAL	<2.5 ⁹	15.0-30.0	mg/dL
ETOH	<0.01 ¹⁰		g/dL

⁸ ACETA: 4 hour post ingestion.....<200 ug/mL
 12 hour post ingestion.....<50 ug/mL

⁶Therapeutic Range:
 30-100 mg/L or 3-10 mg/dL for anti-pyretic/analgesic conditions.
 150-300 mg/L or 15-30 mg/dL for anti-inflammatory/rheumatic conditions.

Toxic Range: >300 mg/L or >30 mg/dL

¹⁰ETOH (ALCOHOL):
 80 mg/dL (0.08 g/dL) or higher is presumptive of intoxication.
 350 mg/dL (0.35 g/dL) or higher indicates severe intoxication.
 550 mg/dL (0.55 g/dL) or higher can be fatal.

HEMATOLOGY

HEMOGRAM

Collected	08/20/2020 06:00	08/19/2020 05:31	08/18/2020 06:15	08/17/2020 06:35	08/16/2020 07:20		
Released	08/20/2020 07:19	08/19/2020 06:49	08/18/2020 08:10	08/17/2020 08:38	08/16/2020 08:33	Reference	Units
WBC	6.4	5.5	5.5	4.4	4.5	3.6-10.2	K/uL
RBC	4.23	4.21	4.46	4.45	4.34	4.06-5.63	M/uL
HGB	14.7	14.3	15.0	15.1	14.9	12.5-16.3	g/dL
HCT	42.0	41.8	44.3	44.3	42.7	36.7-47.1	%

Legend:

L = Low, H = High, CL = Critical Low, CH = Critical High, CR = Changed Result, * = Abnormal

ORDERING MD: CHOU, DAVID
 Anaheim Cumulative Daily HPF
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NAME: WEIGAND, RUBEN
 MR#: A001092540
 ACCT: A100242549
 LOC: AN U4-408-1

PAGE 3 OF 7

WEIGAND, RUBEN (P00221172) 2000001825

ANAHEIM GLOBAL MEDICAL CENTER
 1025 S ANAHEIM BLVD.
 ANAHEIM, CA 92805
 R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN

MR#: A001092540

SEX:M AGE: 38Y

DOB: [REDACTED]

URINALYSIS

Collected	08/16/2020		
	00:30		
Released	08/16/2020		
	01:18		
ULEU	NEGATIVE		NEGATIVE
UCOLOR	DARK YELLOW		
UAPPEAR	CLEAR		
USPGRV	<=1.005		1.005-1.030
U PH	6.5		5.0-8.0
UBLOOD	NEGATIVE		NEGATIVE
UKETO	NEGATIVE		NEGATIVE
UGLU	NEGATIVE		NEGATIVE
UNITR	NEGATIVE		NEGATIVE
UPROT	NEGATIVE		NEGATIVE
UUROBILI	0.2 *		NORMAL
UBIL	2+ *		NEGATIVE
UWBC	NOT SEEN		NOT SEEN /HPF
URBC	NOT SEEN		NOT SEEN /HPF
UBACT	NOT SEEN		NOT SEEN /HPF
USQEP1	NOT SEEN *		0-2 /HPF
UMUCOUS	OCCASSIONAL ¹²		/LPF

¹²ictotest = positive

HEPATITIS TESTING

BLOOD			
Collected	08/15	08/15	
	20:03 ¹³	20:03 ¹³	
Released	08/16	08/16	
	22:08	21:20	
HBCIGM		NONREACTIVE ¹⁴	NONREACTIVE
HBSAG	NONREACTIVE ¹⁵		NONREACTIVE
HCVAB		NONREACTIVE ¹⁶	NONREACTIVE

¹³This test was performed at: ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705 Medical
 Director: R. Michael Tadros, MD.

¹⁴Non-Reactive ----Anti-HBc IgM not detected. Patient is presumed to be not infected with HBc IgM.
 Reactive-----Anti-HBc IgM is detected. Patient is presumed to be infected with HBc IgM.
 State or associated disease not determined.

¹⁵NONREACTIVE ---- Presumed nonreactive for HBSAG.
 PRELIMINARY --- Initial result reactive, specimen sent for confirmatory testing.

¹⁶Non-Reactive ---- Anti-HCV non reactive. Patient is presumed not to be infected with HCV.
 Preliminary ----- Anti-HCV IgG screening reactive, specimen sent for confirmatory testing.

Legend:

L = Low, H = High, CL = Critical Low, CH = Critical High, CR = Changed Result, * = Abnormal

ORDERING MD: CHOU, DAVID
 Anaheim Cumulative Daily HPF
 PRINTED: 08/22/2020 23:22
 RUN#:R2023575098

NAME: WEIGAND, RUBEN
 MR#: A001092540
 ACCT: A100242549
 LOC: AN U4-408-1

ANAHEIM GLOBAL MEDICAL CENTER
 1025 S ANAHEIM BLVD.
 ANAHEIM, CA 92805
 R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: **WEIGAND, RUBEN**

MR#: A001092540

SEX:M AGE: 38Y

DOB: [REDACTED]

LABCORP SAN DIEGO
 13112 EVENING CREEK DR. SO. STE. 200
 SAN DIEGO, CA 92128-4108
 LABORATORY DIRECTOR: JENNY GALLOWAY, MD

MISC OTHER LABCORP**Accn#: R202290027****Final Released : 08/18/2020 13:15****Specimen: BLOOD**

Collected	Result	Units	Reference Range
08/15/2020	MISCELLANEOUS		
20:03	TEST CODE		
Released			
08/18/2020			
13:15			

¹⁹HEPATITIS B SURFACE AB QUANT
 RESULT: 20.2 MIU/ML

REFERENCE RANGE: IMMUNITY >9.9

STATUS OF IMMUNITY	ANTI-HBS LEVEL
INCONSISTENT WITH IMMUNITY	0.0 - 9.9
CONSISTENT WITH IMMUNITY	>9.9

PERFORMING LABORATORY INFORMATION:
 LABCORP SAN DIEGO
 13112 EVENING CREEK DR. SO. STE. 200
 SAN DIEGO, CA 92128-4108
 LABORATORY DIRECTOR: JENNY GALLOWAY, MD

CANCELLED TESTS

Legend:

L = Low, H = High, CL = Critical Low, CH = Critical High, CR = Changed Result, * = Abnormal

ORDERING MD: CHOU, DAVID
 Anaheim Cumulative Daily HPF
 PRINTED: 08/22/2020 23:22
 RUN#:R2023575098

NAME: **WEIGAND, RUBEN**
 MR#: A001092540
 ACCT: A100242549
 LOC: AN U4-408-1

PAGE 7 OF 7

WEIGAND, RUBEN (P00221172) 2000001825

Patient: WEIGAND, RUBEN MRN: 001092540 Encounter: 100242549 Page 7 of 7

ANAHEIM GLOBAL MEDICAL CENTER
1025 S. ANAHEIM BLVD
ANAHEIM, CA 92805
R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN MR# A001092540 SEX:M AGE:38Y DOB:0

MICROBIOLOGY

BLOOD CULTURES

CULTURE BLOOD

COLLECTED: 08/16/2020 00:00
RECEIVED: 08/16/2020 11:34
ACCN#: 920228103
SPECIMEN/SOURCE: BLOOD / BLOOD

RELEASED: 08/19/2020 12:01
STARTED: 08/16/2020 11:34
STATUS: Pending

CULTURE RESULT (Prelim)
No Growth To Date

EPIDEMIOLOGY CULTURES

Culture MRSA Only

COLLECTED: 08/16/2020 03:15
RECEIVED: 08/16/2020 11:34
ACCN#: 920229011
SPECIMEN/SOURCE: NASAL SWAB /

RELEASED: 08/16/2020 11:34
STARTED: 08/16/2020 11:34
STATUS: Final

This test was performed at: MICROBIOLOGY- ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705
Medical Director: R. Michael Tadros, MD.

CULTURE RESULT (Final)
No Methicillin Resistant Staph aureus Isolated

TESTING PERFORMED AT ORANGE COUNTY GLOBAL MEDICAL CENTER
MICROBIOLOGY
1001 N. TUSTIN AVE. SANTA ANA CA. 92705

ORDERING MD:
Anaheim Micro Cum Daily HPF
PRINTED: 08/19/2020 23:23
RUN#:R2023273935

NAME: WEIGAND, RUBEN
MR#: A001092540
ACCT: A100242549
LOC: AN U4-408-1

PAGE 1 OF 1

WEIGAND, RUBEN (P00221172) 2000001825

ANAHEIM GLOBAL MEDICAL CENTER
1025 S. ANAHEIM BLVD
ANAHEIM, CA 92805
R. Michael Tadros M.D., MEDICAL DIRECTOR

NAME: WEIGAND, RUBEN

MR# A001092540

SEX:M AGE:38Y

DOB: [REDACTED]

MICROBIOLOGY

BLOOD CULTURES

CULTURE BLOOD

COLLECTED: 08/16/2020 00:00

RELEASED: 08/22/2020 09:57

RECEIVED: 08/16/2020 11:34

STARTED: 08/16/2020 11:34

ACCN#: 920228103

STATUS: Final

SPECIMEN/SOURCE: BLOOD / BLOOD

This test was performed at: MICROBIOLOGY- ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705

Medical Director: R. Michael Tadros, MD.

CULTURE RESULT (Final)

No Growth After 5 Days

EPIDEMIOLOGY CULTURES

Culture MRSA Only

COLLECTED: 08/16/2020 03:15

RELEASED: 08/16/2020 11:34

RECEIVED: 08/16/2020 11:34

STARTED: 08/16/2020 11:34

ACCN#: 920229011

STATUS: Final

SPECIMEN/SOURCE: NASAL SWAB /

This test was performed at: MICROBIOLOGY- ORANGE COUNTY GLOBAL MED CTR 1001 N. Tustin Avenue, Santa Ana, CA 92705

Medical Director: R. Michael Tadros, MD.

CULTURE RESULT (Final)

No Methicillin Resistant Staph aureus Isolated

TESTING PERFORMED AT ORANGE COUNTY GLOBAL MEDICAL CENTER
MICROBIOLOGY

1001 N. TUSTIN AVE. SANTA ANA CA. 92705

ORDERING MD:

Anaheim Micro Cum Daily HPF

PRINTED: 08/22/2020 23:23

RUN#:R2023575107

NAME: WEIGAND, RUBEN

MR#: A001092540

ACCT: A100242549

LOC: AN U4-408-1

PAGE 1 OF 1

WEIGAND, RUBEN (P00221172) 2000001825

ANAHEIM GLOBAL MEDICAL CENTER

Radiology Department
1025 SO ANAHEIM BLVD
ANAHEIM, CA 92805

Patient Name: WEIGAND, RUBEN

Med Rec #: 001092540

Date: 08/16/2020 10:34

Transcribed: 08/16/2020 10:37 By: YEE, WYMAN K.

Visit ID: 100242549

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Page 2 of 2

WEIGAND, RUBEN (P00221172) 2000001825

ANAHEIM GLOBAL MEDICAL CENTER

Radiology Department
1025 SO ANAHEIM BLVD
ANAHEIM, CA 92805

Patient Name: WEIGAND, RUBEN

Med Rec #: 001092540

Accession #: 30184352

Visit ID: 100242549

Patient Location: 201-1

Patient Type: INPATIENT

DOB: [REDACTED]

Gender: M

Age: 38Y

Date of Service: 08/15/2020 19:54

Exam Completion Date: 08/15/2020 20:55

Exam Reason:

Order Phys: CHOU, DAVID

Read By: YEE, WYMAN K

Verified By: YEE, WYMAN K

Procedure: US ABD LTD

Final

EXAM: US ABD LTD

CLINICAL HISTORY: Mild epigastric pain, jaundice

COMPARISON: None

FINDINGS: Liver normal in overall size with right lobe measuring 14.3 cm longitudinally. Dilated intrahepatic biliary ducts. No focal hepatic mass or other abnormal intrahepatic echotexture. Common bile duct dilated measuring about 1.6 cm without intraductal stones, extending into pancreatic head. Gallbladder contracted and contains multiple echogenic shadowing stones. Gallbladder wall thickened measuring about 5 mm. No pericholecystic fluid. Negative sonographic Murphy's sign. Pancreas grossly normal with head measuring about 2.1 cm AP, body 1.5 cm AP, and tail 1.9 cm AP. No right hydronephrosis or hepatorenal fossa fluid.

IMPRESSION:

1. Dilated intrahepatic biliary ducts and markedly dilated common bile duct, extending into pancreatic head, without choledocholithiasis.
2. Cholelithiasis in mildly thick-walled contracted gallbladder.

Electronically signed by: Wyman Yee, MD on 8/16/2020 10:43

READ BY: YEE, WYMAN K.

Date: 08/16/2020 10:43

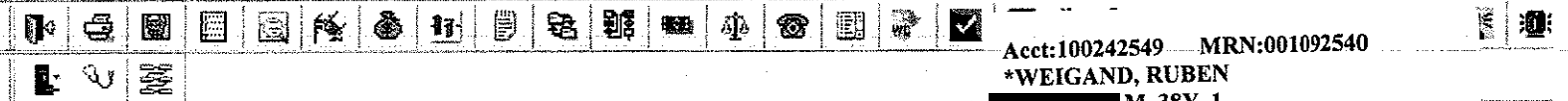
Transcribed: 08/16/2020 10:46 By: YEE, WYMAN K.

Visit ID: 100242549

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WEIGAND, RUBEN (P00221172) 2000001825

File Edit List Options Functions Window Help



Acct:100242549 MRN:001092540

*WEIGAND, RUBEN

M, 38Y, 1

AT: MYA, MINMIN

DOS: 08/16/2020 01:25 AGMC

Order Entry | Diet Order | Change Order | Verify Order | Order Inquiry | Charge Release | Patient Charge

Height: 70.00 inch Weight: 80.50 kg Age: 38 Years Sex: M Allergy: No Known Drug Allergies

Order Code: OTHCO_A Other

Type: NS

Order number: 75

Frequency: ONCE

Ord Phys: NEJAT-BINA, DAVID, MD

Start Date: 08/23/2020 15:09

Stop Date: 08/23/2020 15:09

Days:

Prep:

Total Qty:

Qty Today: 1

Spcl Attn:

Instructions: ok to discharge per surgical consult

Reason/Indication:

Reference:

WEIGAND, RUBEN (P00221172) 2000001825

08/24/2020 09:01:28

Page 1 of 2

ANAHEIM GLOBAL MEDICAL CENTER
1025 SO ANAHEIM BLVD
ANAHEIM, CA 92805

Laboratory Detail**Name:** (Secured) WEIGAND, RUBEN**Birth Date:** [REDACTED]**Visit ID:** 100242549**Med Rec#:** 001092540**Location:** 408 - 1**Age:** 38 Years**Sex:** Male**Admitting Dr:** MYA, MINMIN**Admitted:** 08/16/2020 01:25*(This is not a chartable copy)***Ord Cd Desc:** Comprehensive MET Panel**Result Status:** Final Result**Specimen Src:** BLOOD**Ordered Dttm:** 08/23/2020 05:00**Body Site:****Collected Dttm:** 08/23/2020 05:50 by:**Order Nbr:** 0069**Received Dttm:** 08/23/2020 06:26 by:**Priority:** Routine**Released Dttm:** 08/23/2020 07:11 by:**Ordering Dr:** NEJAT-BINA, DAVID**Special Instructions:**

Test	Result	Reference Range	Unit
SODIUM	142	136-145	mmol/L
POTASSIUM	3.9	3.5-5.1	mmol/L
CHLORIDE	106	98-107	mmol/L
CARBON DIOXIDE	29	21-31	mmol/L
GLUCOSE	105	70-105	mg/dL
BUN	10	7-25	mg/dL
CREATININE	0.8	0.7-1.3	mg/dL
CALCIUM	8.9	8.6-10.3	mg/dL
ALKALINE PHOSPHATASE	96	34-104	U/L
TOTAL PROTEIN	5.6	L 6.0-8.3	g/dL
ALBUMIN	3.7	3.5-5.7	g/dL

REPORTING NOTE:

Recumbent Adult: 3.5 - 5.0 g/dL

Ambulatory Female: 3.7 - 5.3 g/dL

Ambulatory Male: 4.2 - 5.5 g/dL

GLOBULIN	1.9	L 2.2-4.2	g/dL
TOTAL BILIRUBIN	3.4	H 0.3-1.0	mg/dL
AST -SGOT	44	H 13-39	U/L
ALT-SGPT	243	H 7-52	U/L
BUN/CREATININE RATIO	13		
A/G RATIO	1.9	0.8-2.0	
ESTIMATED GFR	115		
*ml/min/1.73 m2			

eGFR Description

>=60.....Normal to mildly decreased eGFR

30-59.....Moderately decreased eGFR

15-29.....Severely decreased eGFR

<15.....Kidney Failure

WEIGAND, RUBEN (P00221172) 2000001825

ER/Admitted to: <u>1242</u>	Transferred to: <u>V14</u>	Transferred to: <u>Santa Ana Jail</u>
Date: <u>8/16/20</u>	Transferred by: <u>8/16/20</u>	Transferred by: <u>Julian Paez</u>
Completed by: <u>Darnell Sampie</u>	Received by: <u>Kimberly</u>	Received by: <u></u>
Valuables/Description	Valuables/Description	Valuables/Description
Dentures: <input checked="" type="checkbox"/> None <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial	Dentures: <input checked="" type="checkbox"/> None <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial	Dentures: <input type="checkbox"/> None <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial
Hearing Aid: <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right	Hearing Aid: <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right	Hearing Aid: <input type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right
Glasses: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present	Glasses: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present	Glasses: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present
Description: <u></u>	Description: <u>black glasses</u>	Description: <u></u>
Ring(s): <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Ring(s): <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Ring(s): <input type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home
Description: <u></u>	Description: <u></u>	Description: <u></u>
Watch: <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Watch: <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Watch: <input type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home
Description: <u></u>	Description: <u></u>	Description: <u></u>
Misc. Jewelry: <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Misc. Jewelry: <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Misc. Jewelry: <input type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home
Description: <u></u>	Description: <u></u>	Description: <u></u>
Cash: <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Cash: <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Cash: <input type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home
Amount: <u></u>	Amount: <u></u>	Amount: <u></u>
Misc. Valuables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Misc. Valuables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home	Misc. Valuables: <input type="checkbox"/> None <input type="checkbox"/> Hospital safe <input type="checkbox"/> Remains w/patient <input type="checkbox"/> Sent home
Description: <u></u>	Description: <u></u>	Description: <u></u>
Valuables Envelope # <u></u>	Valuables Envelope # <u></u>	Valuables Envelope # <u></u>
MEDICATION DISPOSITION: <input type="checkbox"/> In Pharmacy <input checked="" type="checkbox"/> None	MEDICATION DISPOSITION: <input type="checkbox"/> In Pharmacy <input checked="" type="checkbox"/> None	MEDICATION DISPOSITION: <input type="checkbox"/> In Pharmacy <input checked="" type="checkbox"/> None
CLOTHING/DESCRIPTION	CLOTHING/DESCRIPTION	CLOTHING/DESCRIPTION
Blouse/Shirt <u></u>	Blouse/Shirt <u>Orange jump suit</u>	Blouse/Shirt <u>Orange jump suit</u>
Pants/Skirt <u></u>	Pants/Skirt <u></u>	Pants/Skirt <u></u>
Underclothes <u></u>	Underclothes <u></u>	Underclothes <u>Black shoes</u>
Shoes <u>Orange jump suit</u>	Shoes <u>black shoes</u>	Shoes <u></u>
Misc. <u>Black shoes</u>	Misc. <u></u>	Misc. <u></u>
<u>Black Glasses</u>		
EQUIPMENT	EQUIPMENT	EQUIPMENT
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker/Cane <input type="checkbox"/> Other	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Wheelchair
I have removed all the contraband <u>Bill by 8/16/20</u>	I have removed all the contraband <u>8/18/20</u>	I have removed all the contraband <u>8/12/20</u>
Staff Signature / Date	Staff Signature / Date	Staff Signature / Date
Patient Signature / Date	Patient Signature / Date	Patient Signature / Date
The above items are present upon admission Patient Signature/Date: <u></u> Witness Signature/Date: <u></u> I have refused the use of the hospital safe Patient Signature/Date: <u></u>	The above items are present upon admission Patient Signature/Date: <u></u> Witness Signature/Date: <u></u> I have refused the use of the hospital safe Patient Signature/Date: <u></u>	The above items are present upon admission Patient Signature/Date: <u></u> Witness Signature/Date: <u></u> I have refused the use of the hospital safe Patient Signature/Date: <u></u>

Patient ID

Anaheim Global Medical
CenterPATIENT PERSONAL
PROPERTY
CHECKLIST

AWMC-1081 (06/17)

ORIGINAL- CHART YELLOW- PATIENT (Yellow copy to be given to patient upon discharge)

WEIGAND, RUBEN (P00221172) 2000001825

Acct: 100242549 MRN: 001092540
WEIGAND, RUBEN,
M, 38, 1
AT: MYA, MINMIN
DOS: 08/16/2020 AGMC

Report Date: 08/24/2020

ANAHEIM GLOBAL MEDICAL CENTER
Medication Administration Record

08/24/2020 16:56:23

Page 2 of 2

Patient: (Secured) WEIGAND, RUBEN

Admitted: 08/16/2020 01:25 Attending: MYA, MINMIN

Visit ID: 100242549

Med Rec#: 001092540

Location: TELEMETRY/MED SURG - DMH U4-408-1

Gender: M

DOB: [REDACTED]

Age: 38Y

Weight: 80.5 kgs

Height: 70 in

BMI:

PRN

Medication	Dose	Brand	Form	Start	Stop	Last Administered	# of Adm
A HYDROcodone-ACETAMINOPHEN [5-325 MG] TABLET ORAL EVERY 6 HOURS AS NEEDED [1 X 5-325 MG PER DOSE] Indication: Mild pain NOT TO EXCEED 4GM ACETAMINOPHEN IN 24 HOURS FROM ALL SOURCES BLACK BOX WARNING: Acetaminophen has the potential for overdose or poisoning causing hepatotoxicity and acute liver failure, at times resulting in liver transplantation and death. FOR PAIN RX#: 11192600	1 TABLET	NORCO	TABLET	08/22/20 12:55		Last Administered: 08/24/2020 15:06 Adm. By: &NWP Adm. Dose: 1 TABLET	5
U MAGNESIUM HYDROXIDE [400 MG/5 ML] SUSPENSION ORAL DAILY AS NEEDED [0.5 X 30 ML [400 MG/5 ML] PER DOSE] Indication: constipation FOR CONSTIPATION SHAKE WELL BEFORE USE RX#: 11193216	15 ML	MILK OF MAGNESIA	SUSPENSION	08/24/20 08:42			
A METOCLOPRAMIDE [10 MG/2 ML] INJECTABLE INTRAVENOUS EVERY 8 HOURS AS NEEDED [1 X 2 ML [10 MG/2 ML] PER DOSE] Indication: Nausea and vomiting IVP over 1 to 2 minutes RX#: 11192602	10 MG/2 ML	REGLAN	INJECTABLE	08/22/20 12:57			
A morPHINE (PF) [2 MG/ML] INJECTABLE IV PUSH EVERY 2 HOURS AS NEEDED [1 X 2 MG/ML PER DOSE] Indication: Severe pain CPOE COMMENT: FOR PAIN CONTROL RX#: 11192601	2 MG/1 ML	MORPHINE	INJECTABLE	08/22/20 12:56		Last Administered: 08/23/2020 11:11 Adm. By: ATSA Adm. Dose: 2 MG	1

* Initials Caregiver Names
 &NWF JULIAN ARELLANO, RN

Initials Caregiver Names
 ATSA ALICE C. TSAI, RN

PLEASE RETURN WITH INMATE

Jail Name SANTA ANA CITY JAIL
 Address _____
 Phone/Fax (714) 245-8117
 HSA/ A A/Doctor _____
 PER: RHEA MARANA, N.P.

Naphcare Utilization Approval
 (to obtain authorization call: (205)-458-8454)

RESPONSIBLE PARTY

Naphcare ☒ Jail ☐ Inmate ☐ MCAR/MCAID ☐ Private Insurance ☐ FBOP ☐ INS ☐ US Marshall ☐ DEA ☐

OFFSITE HEALTHCARE / EMERGENCY TREATMENT REFERRAL FORM



THIS SECTION TO BE COMPLETED BY NaphCare STAFF

1) PATIENT'S NAME (Last Name, First Name, Middle Initial) <u>WEIGAND, RUBEN</u>	2) PATIENT'S I.D. NUMBER <u>P# 221172</u>
3) SOCIAL SECURITY NUMBER	4) DATE OF BIRTH <u>[REDACTED]</u>
5) PRIMARY INSURANCE POLICY HOLDER ADDRESS	CONTRACT NUMBER GROUP NUMBER EFFECTIVE DATE
6) WORKING DIAGNOSIS <u>TRANSAMINITIS</u>	7) ALLERGIES <u>NKA</u>
8) REASON FOR REFERRAL (CHOOSE ALL THAT APPLY): ER EVAL <input checked="" type="checkbox"/> SPECIALTY CONSULT* <input type="checkbox"/> DIAGNOSTIC TESTING* <input type="checkbox"/> OTHER* <input type="checkbox"/>	9) TRANSPORTATION TYPE/PROVIDER
10) *TYPE REQUESTED (E.G. CARDIOLOGY, SURGICAL CONSULT, CT/MRI):	11a) BOOK IN DATE / 11b) RELEASE DATE (if any) <u>3-10-20</u>
12) NAME OF FACILITY/PHYSICIAN WHERE SERVICES REQUESTED	13) SERVICE DATE: (leave blank if appointment not made)
14) HISTORY OF PRESENT ILLNESS - OTHER CONDITIONS - CURRENT SYMPTOMS - CURRENT TREATMENTS (INCLUDING MEDICATIONS) <u>- SEE TRANSFER SUMMARY -</u>	

THIS SECTION TO BE COMPLETED BY OFF SITE PROVIDER

FINDINGS
RECOMMENDATIONS
PROVIDER'S SIGNATURE: _____ DATE: _____

INSTRUCTIONS TO OFF SITE PROVIDERS

- 1) Authorization is provided only for requested procedures and treatment of life-threatening conditions.
- 2) Because of security concerns, a patient must NOT be informed of follow-up appointments or possible hospitalization.
- 3) Complete the bottom portion of this form, place it in a sealed envelope, and give to the Correctional Officer when the patient is returned.
- 4) Use the patient's I.D. Number for the Insured's I.D. Number on claim forms.

BILLING INFORMATION: NAPHCARE, INC 2090 COLUMBIANA RD., STE. 4000, VESTAVIA HILLS, AL 35216
 WEIGAND, RUBEN (P00221172) 2000001825

NAPHCARE MEDICAL DEPARTMENT
SICK CALL REQUEST-MANAGED BY TECHCARE

Date and Time Received Received By

Name (Nombre)

WEIGAND, RUBEN

Date of Birth

(Fecha de Nacimiento)

Location/Unit

(Posición/Unidad)

3-A-20

Inmate Number

(Número de Recluso)

221172

Today's Date

(Fecha de Hoy)

6-15-20

Complaint (Queja)

Inmate Signature (Firma de Recluso)

TRIAGE

Action ☐ Refer to Provider - Sick Call; ☐ Refer to MH - Sick Call; ☐ Refer to MH - Chart Review

Taken ☐ Refer to Medical Records; ☐ Refer to OB/GYN; ☐ Refer to Dental

☐ Refer to Optometry; ☐ Nursing Protocol Initiated ☐ Other _____

Face to Face Date

Face to Face Time

Staff Signature

Nursing :

S:

O:

Temp

Pulse

Resp

O2 Sat

B/P

A:

P:

PER PROVIDER, PLEASE CHOOSE WHICH YOU WANT TO USE DAILY - CONTACTS OR GLASSES.

E:

THE OTHER WILL BE KEPT IN PROPERTY.

Nurses / Provider Signature

RWIL AN

Date Completed

6-15-20

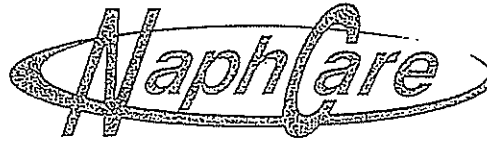
Time Completed

1310

For Jail Use Only

Patient Name: Weigand, Ruben
 Date of Birth: 4-17-82

Date: 3/13/2020
 P#/Booking#: _____



Advancing Correctional Healthcare

Supplemental Intake Screening Form

COVID-19 "Coronavirus"

Circle Yes/No

1. Does the patient have a fever? 97.0 YES (NO)

2. Does the patient report or show any signs or symptoms of upper or lower respiratory infection (cough, chest pain, shortness of breath)? YES / (NO)

3. Does the patient report any recent travel to, or in contact with a person who has traveled to, a known affected area within the last 14 days? (China, Iran, Japan, South Korea, Italy) YES / (NO)

If yes, list countries: _____

4. Does the patient report any contact with known laboratory confirmed case of COVID-19 "Coronavirus"? YES / (NO)

*If patient states "Yes" to all the questions above or "Yes" to questions 1, 2, 3, mask the individual and place in isolation in preparation for transport to the hospital for clearance.

*If the patient states "Yes" to questions 1 and 2 but "No" to question 3, also mask and isolate the individual in preparation for transport to the hospital for clearance.

Nurse Completing Form: SR RJ

Patient Signature: Pt unable to sign
has eyes behind
his back



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

9/24/2020 9:45:49 AM CDT

Allergies - WEIGAND, RUBEN 2000001825

Name	Start Date	End Date
No Known Food Allergy	3/10/2020	
No Known Drug Allergy	3/10/2020	



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

9/24/2020 9:45:49 AM CDT

Drug Administrations - WEIGAND, RUBEN 2000001825

Name	Username	Date	Type	Reason
Docusate Sodium Oral 100 MGX1 once in a.m.	ruby.reynosa	8/30/2020 12:00:27 PM	Refused	
Docusate Sodium Oral 100 MGX1 once in a.m.	irene.masina	8/29/2020 12:16:31 PM	Refused	
Ibuprofen Oral 600 MGX1 twice a day	ariadne.romero	8/28/2020 11:43:52 AM	Administered	
Docusate Sodium Oral 100 MGX1 once in a.m.	ariadne.romero	8/28/2020 11:43:52 AM	Refused	
Docusate Sodium Oral 100 MGX1 once in a.m.	ariadne.romero	8/27/2020 10:54:45 AM	Refused	
Ibuprofen Oral 600 MGX1 twice a day	ariadne.romero	8/27/2020 10:54:20 AM	Administered	
Ibuprofen Oral 600 MGX1 twice a day	ariadne.romero	8/26/2020 11:45:21 AM	Administered	
Docusate Sodium Oral 100 MGX1 once in a.m.	ariadne.romero	8/26/2020 11:45:21 AM	Refused	
Ibuprofen Oral 600 MGX1 twice a day	jonathan.montes	8/26/2020 12:18:40 AM	Administered	
Ibuprofen Oral 600 MGX1 twice a day	sally.eagleman	8/25/2020 9:35:43 AM	Administered	
Docusate Sodium Oral 100 MGX1 once in a.m.	sally.eagleman	8/25/2020 9:35:43 AM	Administered	
Cimetidine Oral 400 MGX1 once in a.m.	jonathan.montes	8/15/2020 10:41:40 AM	Administered	
Loratadine Oral 10 MGX1 once in a.m.	jonathan.montes	8/15/2020 10:41:40 AM	Administered	



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

9/24/2020 9:45:49 AM CDT

Treatment Administration - WEIGAND, RUBEN 2000001825

Name	Username	Date	Type	Reason
DAILYCONTACTS	sally.eagleman	9/23/2020 11:00:00 AM	Administered	
DAILYCONTACTS	sally.eagleman	9/21/2020 11:00:00 AM	Administered	
DAILYCONTACTS	renee.sibayan	9/19/2020 11:21:15 AM	Administered	
DAILYCONTACTS	jonathan.montes	9/18/2020 11:02:31 AM	Administered	
DAILYCONTACTS	jonathan.montes	9/17/2020 10:26:32 AM	Refused	
DAILYCONTACTS	sally.eagleman	9/15/2020 10:27:56 AM	Administered	
DAILYCONTACTS	sally.eagleman	9/14/2020 10:26:48 AM	Administered	
DAILYCONTACTS	angela.murillo	9/13/2020 10:11:12 AM	Administered	
DAILYCONTACTS	ariadne.romero	9/12/2020 11:48:47 AM	Administered	
DAILYCONTACTS	ariadne.romero	9/11/2020 10:49:14 AM	Administered	
DAILYCONTACTS	ariadne.romero	9/10/2020 9:22:52 AM	Refused	
DAILYCONTACTS	sally.eagleman	9/9/2020 10:32:23 AM	Administered	
DAILYCONTACTS	sally.eagleman	9/8/2020 10:35:07 AM	Administered	
DAILYCONTACTS	sally.eagleman	9/7/2020 9:58:55 AM	Other	on lock down
DAILYCONTACTS	ruby.reynosa	9/6/2020 11:32:04 AM	Refused	
DAILYCONTACTS	ariadne.romero	9/5/2020 11:18:31 AM	Refused	
DAILYCONTACTS	ariadne.romero	9/4/2020 11:28:53 AM	Refused	

WEIGAND, RUBEN (P00221172) 2000001825

Name	Username	Date	Type	Reason
DAILY CONTACTS	sally.eagleman	7/29/2020 10:49:28 AM	Other	on locked down
DAILY CONTACTS	maria.teodoro	7/27/2020 10:20:12 AM	Other	
DAILY CONTACTS	ruby.reynosa	7/26/2020 11:02:16 AM	Other	mod will be on lock down today all day
DAILY CONTACTS	ruby.reynosa	7/25/2020 11:16:22 AM	Administered	
DAILY CONTACTS	tanya.cocker	7/24/2020 10:41:14 AM	Administered	
DAILY CONTACTS	tanya.cocker	7/23/2020 11:29:26 AM	Refused	
DAILY CONTACTS	sally.eagleman	7/22/2020 10:39:47 AM	Administered	
DAILY CONTACTS	sally.eagleman	7/21/2020 11:00:00 AM	Administered	
DAILY CONTACTS	sally.eagleman	7/20/2020 11:00:00 AM	Administered	
DAILY CONTACTS	kevin.ortega	7/18/2020 10:58:32 AM	Other	
DAILY CONTACTS	ruby.reynosa	7/17/2020 12:12:26 PM	Other	lock down doesnt need
DAILY CONTACTS	tanya.cocker	7/16/2020 12:02:40 PM	Administered	
DAILY CONTACTS	ruby.reynosa	7/15/2020 11:29:35 AM	Other	NOT NEEDED
DAILY CONTACTS	sally.eagleman	7/14/2020 1:15:06 PM	Other	pt on locked down
DAILY CONTACTS	sally.eagleman	7/14/2020 11:17:12 AM	Administration Cancelled	on ,ock done / Cancelation Note: eorrr
DAILY CONTACTS	araceli.badajoz	7/12/2020 10:18:03 AM	Administered	
DAILY CONTACTS	ruby.reynosa	7/11/2020 11:17:22 AM	Refused	
DAILY CONTACTS	tanya.cocker	7/9/2020 11:16:20 AM	Refused	
DAILY CONTACTS	cindy.urrutia	7/8/2020 12:45:35 PM	Administered	

Name	Username	Date	Type	Reason
DAILY CONTACTS	sally.eagleman	6/10/2020 11:00:00 AM	Administered	
DAILY CONTACTS	sally.eagleman	6/10/2020 10:23:42 AM	Administered	
DAILY CONTACTS	sally.eagleman	6/8/2020 11:08:36 AM	Administered	
DAILY CONTACTS	ruby.reynosa	6/7/2020 10:56:42 AM	Administered	
DAILY CONTACTS	jonathan.montes	6/6/2020 10:52:00 AM	Administered	
DAILY CONTACTS	ariadne.romero	6/4/2020 12:29:55 PM	Administered	
DAILY CONTACTS	ariadne.romero	6/3/2020 11:41:53 AM	Administered	
DAILY CONTACTS	sally.eagleman	6/2/2020 11:11:31 AM	Administered	
DAILY CONTACTS	sally.eagleman	6/1/2020 11:17:46 AM	Administered	
DAILY CONTACTS	ariadne.romero	5/30/2020 10:21:23 AM	Refused	states "I dont need it on weekends"
DAILY CONTACTS	ariadne.romero	5/29/2020 10:18:14 AM	Administered	
DAILY CONTACTS	ariadne.romero	5/28/2020 11:57:31 AM	Administered	
DAILY CONTACTS	sally.eagleman	5/25/2020 11:27:04 AM	Administered	
DAILY CONTACTS	kevin.ortega	5/24/2020 11:43:58 AM	Administered	
DAILY CONTACTS	ariadne.romero	5/22/2020 10:23:09 AM	Administered	
DAILY CONTACTS	ariadne.romero	5/21/2020 10:13:16 AM	Administered	
DAILY CONTACTS	bronwyn.aldea	5/20/2020 12:00:43 PM	Administered	
DAILY CONTACTS	bronwyn.aldea	5/19/2020 11:11:34 AM	Administered	
DAILY CONTACTS	sally.eagleman	5/18/2020 11:28:43 AM	Administered	

Name	Username	Date	Type	Reason
DAILY CONTACTS	irene.masina	4/18/2020 9:59:42 AM	Other	wearing glasses
DAILY CONTACTS	tanya.cocker	4/16/2020 11:51:40 AM	Administered	
DAILY CONTACTS	sally.eagleman	4/14/2020 11:33:52 AM	Administered	
DAILY CONTACTS	sally.eagleman	4/13/2020 11:00:00 AM	Administered	
DAILY CONTACTS	brisseth.rivera	4/11/2020 11:34:35 AM	Administered	
DAILY CONTACTS	ariadne.romero	4/9/2020 10:10:46 AM	Administered	
DAILY CONTACTS	sally.eagleman	4/8/2020 11:39:58 AM	Administered	
DAILY CONTACTS	sally.eagleman	4/7/2020 11:35:04 AM	Administered	
DAILY CONTACTS	sally.eagleman	4/6/2020 11:00:00 AM	Administered	
DAILY CONTACTS	kevin.ortega	4/5/2020 11:33:21 AM	Administered	
DAILY CONTACTS	ruby.reynosa	4/4/2020 12:37:23 PM	Administered	
DAILY CONTACTS	tanya.cocker	4/2/2020 12:27:25 PM	Administered	
DAILY CONTACTS	sally.eagleman	4/1/2020 11:44:06 AM	Administered	
DAILY CONTACTS	sally.eagleman	3/30/2020 1:16:54 PM	Administered	
DAILY CONTACTS	kevin.ortega	3/29/2020 11:40:55 AM	Administered	
DAILY CONTACTS	ariadne.romero	3/28/2020 11:00:00 AM	Administered	
DAILY CONTACTS	duanie.boltron	3/27/2020 7:34:45 AM	Refused	
DAILY CONTACTS	jessica.miller	3/26/2020 7:39:21 AM	Administered	
DAILY CONTACTS	ariadne.romero	3/25/2020 7:00:00 AM	Administered	LATE ENTRY



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

9/24/2020 9:45:49 AM CDT

Flags - WEIGAND, RUBEN 2000001825

Name	Stamp	Start	Stop
78 Single Cell	8/25/2020	8/25/2020	



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

9/24/2020 9:45:49 AM CDT

Sick Calls - WEIGAND, RUBEN 2000001825

Name	Scheduled Date	Reason	Completed Date
Dental Annual	6/20/2021	Dental Annual Exam scheduled from Receiving Screening.	
Medical Nurse	3/3/2021	Annual PPD is due.	
Dental Annual	1/4/2021	Dental Annual Exam scheduled from Receiving Screening.	
Medical Chart Review	9/10/2020	review Offsite GI notes from 9/10 (biliary stent removal) Cancelled by rheu.marana on 9/11/2020 Reason: appt cancelled by Offsite Provider	9/11/2020
Medical Chart Review	9/11/2020	attach cmp result to GI f/u	9/8/2020
Medical NP/PA	8/25/2020	Follow up hospital return 8/24/2020: Post op lap cholecystectomy and biliary stent on 8/22/2020. Pt states that he was instructed to use the IS for "2 more days".	8/25/2020
Medical NP/PA	8/15/2020	f/u sudden jaundice; labs drawn 8/12	8/25/2020
Medical Nurse	8/13/2020	pt c/o "abdominal pressure (like heartburn), feels tired like having a flu, urine is very dark yellow, and skin is itching." Labs drawn on 8/12/2020, results pending.	8/14/2020
Medical NP/PA	8/12/2020	sudden jaundice	8/12/2020
Medical Nurse	6/13/2020	pt has both contact lenses and glasses. Should we send contact to his property and just allow use of glasses?--- pls have pt choose which one he wants to use daily and keep the other one in property. thanks.	6/15/2020

Rhea Marana NP POSTED ON 9/18/2020 11:05:08 AM CDT

Type: MEDICAL

Liver enzymes trending down.

Angela Murillo LVN POSTED ON 9/13/2020 5:58:56 PM CDT

Type: MEDICAL

Provided contact case to patient

Sairel Payan RN POSTED ON 9/7/2020 12:43:01 PM CDT

Type: MEDICAL

Per NP, cleared for housing.

Denies SOB, No c/o symptoms. temp: 97.0

Rhea Marana NP POSTED ON 8/26/2020 10:22:03 AM CDT

Type: MEDICAL

Pt was sent out to the hospital on 8/16/20, returned on 8/24/20, placed on 14 day precaution isolation (confirmed with mod CO₂ according to notations), temp. check scheduled.

SOAP NOTE BY: Rhea Marana NP POSTED ON 8/25/2020 12:41:04 PM CDT

Type: MEDICAL

Subjective

saw the pt post-admission to the hospital for jaundice and markedly elevated liver enzymes

8/19- choledocholithiasis s/p ERCP with biliary stent placement

8/22- lap chole

Objective

BP: 104/67 Temp: 96 Pulse: 86 Resp: 20 Wt: 181 SaO₂: 98 BS: na Pain: 0

cardio-rrr

lungs- ctab

abd- 3 lap incisions noted with dermabond, no ssx of infection notes (Staff present during exam)

eyes- slightly icteric

Assessment

choledocholithiasis s/p lap chole

Plan

pain med prn

hand hygiene

instructed to let dermabond fall off by itself; do not touch/manipulate surgical incision sites; report any ssx of infection asap

Objective

BP: 127/87 Temp: 97 Pulse: 79 Resp: 20 Wt: 198 SaO2: 98 BS: na Pain: 0

cardio-rrr
 lungs- ctab
 skin- jaundiced (light yellow)
 eyes- icteric sclera

Assessment

jaundice of unknown etiology

Plan

labs drawn today
 avoid fatty foods
 report any COC to Medical asap
 f/u once lab results are out

Education

as above

MarthaSarahi Gonzalez Charge RN POSTED ON 8/11/2020 2:44:55 PM CDT

Type: MEDICAL

Was called by mod officer. Per officer pt has been looking yellow. His eyes and skin. Saw pt at MPR. Per pt last week before wednesday he had some pain at his mid abdomen. Then it got better. No more pain at this time. Per pt since last week wednesday he hasn't been feeling himself. More tired and not normal. Unable to explain further symptoms due to language barrier. Per pt other cellmates have told him that his skin and eyes are yellow. Denies any other concern or symptom. Per pt he has never had a history of any liver condition. He doesn't have any tattoos or has shared needles before. Denies n/v, states he is having normal BMs and urinating okay. Food intake is normal. Informed Np Rhea new orders for blood work in place. VS 118/76, 78, 20, 98% RA, O/10.

Sally Eagleman LVN POSTED ON 7/14/2020 12:40:59 PM CDT

Type: MENTAL HEALTH

new contact revised im signed for them

Sally Eagleman LVN POSTED ON 6/15/2020 4:40:29 PM CDT

Type: MEDICAL

per shift command Monreal and chief security Teron pt can have both glasses and contacts

Business 101, the 2006 report, says:

RECEIVING SCREENING - Completed by: Stacey Ridley

Artist:	BEATLES, THE	Label:	(MONUMENTAL RECORDS)	Eng:	MONUMENTAL
DOB:	1/18/1943 (Age: 81)	Sex:	M	POB:	USA
Working:	1963-1970	Style:	**Rock**	Type:	Rock/Pop
Status:	DEAD	Releas Date:	1/21/2023 10	Music:	

1. I will take care in my

[illegible]

No Known Drug Allergy, No Known Food Allergy

Screeners: All questions in this form must be addressed. For questions with a single checkbox, by leaving the checkbox unselected, you are documenting your conclusion that all parameters of the question are false. By selecting the checkbox, you are acknowledging a positive response to the item and further documentation must be provided in the corresponding questions and text boxes.

ARRESTING OFFICER QUESTIONS—Select and Document all that apply

WEIGAND, RUBEN (P00221172) 2000001825

Cardiovascular

☐ Chest pain
☐ Hypertension
☐ MI
☐ Heart failure
☐ Myocardial infarction
☐ Atherosclerosis
☐ Dyslipidemia

Gastrointestinal/Hepatic

☐ Indigestion
☐ Liver dysfunction
☐ Abnormal stool color

Endocrine

☐ Diabetes
☐ Hypothyroidism
☐ Hyperthyroidism

Hematology/Oncology

☐ Anemia
☐ Hematocrit
☐ Hemoglobin
☐ Hematocrit
☐ Hemoglobin
☐ Hematocrit
☐ Hemoglobin

Infectious Disease

☐ HIV
☐ Tuberculosis
☐ Hepatitis
☐ Syphilis
☐ HIV
☐ Tuberculosis
☐ Hepatitis
☐ Syphilis

Chronic Care - Other/Miscellaneous

☐ Chronic kidney disease
☐ Chronic liver disease
☐ Chronic heart failure

GENERAL MEDICAL ASSESSMENTS—Select and Document all that apply

☐ Unintentional weight loss

☐ Unintentional weight gain

☐ Unintentional weight loss

☐ Generalized weakness, fatigue, weight loss, loss of appetite, night sweats
☐ Skin lesions, sores, ulcers, rashes, redness, itching, bruising, lacerations, scars, tattoos
☐ Unintentional weight loss, weight gain, weight loss

WEIGAND, RUBEN (P00221172) 2000001825

SUBSTANCE USE ASSESSMENTS—Select and Document all that apply

_____ Provide details of type of drug, symptoms, and when withdrawal occurred

Provide details of type of drug, symptoms, and when withdrawal occurred

_____ Provide details of drug, frequency, amount, route, and last use below

Provide details of drug, frequency, amount, route, and last use below

_____ Provide details below—amount per day, number of days per week, last time sober for greater than 1 week

Provide details below—amount per day, number of days per week, last time sober for greater than 1 week**Most recent alcohol, sedative, or opiate use:**

- ☐ Alcohol
- ☐ Sedative





























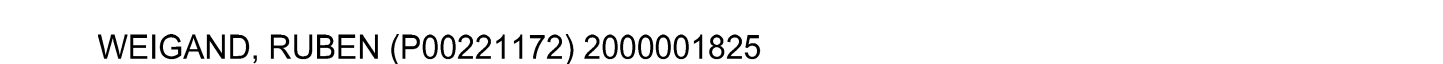

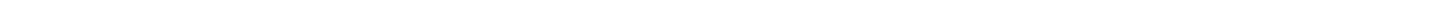
MISCELLANEOUS ASSESSMENTS—Select and Document all that apply**Does the inmate have any of the following:**

- ☐ Medical
- ☐ Mental
- ☐ Physical Health Insurance
- ☐ Other

_____ Plan Name:

DISPOSITION/TREATMENT PLAN—Select and Document all that apply

Gender self-identification and history of transition-related care:

Patient Signature

BP	Temp	Pulse	Resp	SaO2	BS	Pain	Height(ft)
118/79	98.0	87	17	97	na	0	5
Height(in)	Weight	BMI	MAP				
9	na	0.0	92.00				

Clinically indicated physical assessment:

☐ Alert, no apparent distress

☐ Vital signs/VNL

☐ Other

Other (Please specify):

Provider Notified:

Marana, Rhea

____ Indicated that no further action was required.

____ Indicated that further action was required (please specify):

Please remember to have all paperwork scanned and attached appropriately to the patient record

Current Allergies

No Known Drug Allergy, No Known Food Allergy

CURRENT MEDICATIONS

Cimetidine Oral 400 MG (QTY: 1) (QAM 0900) 8/15/2020 - 8/15/2020

Loratadine Oral 10 MG (QTY: 1) PRN (QAM) 8/15/2020 - 8/28/2020

Referring Provider:

Marana, Rhea

Destination ER/Hospital:

Western Medical Center - Santa Ana

JAIL CLINIC STAFF:

Send a printed copy of this form and any relevant progress notes, labs, and studies with EMS or the transporting officer.

EMERGENCY DEPARTMENT PROVIDER:

For continuity of care, please give the officer a copy of your evaluation and treatment

recommendations to return with the patient to the jail facility.

Procedures and treatments other than those specified or required to diagnose and treat

the reason for referral, as listed above, may not be performed without prior approval by

NaphCare, Inc. by calling (205) 536-8510 (during business hours) or calling the jail clinic (after business hours).

A copy of Clinical Documentation Related to this visit must be faxed to (205) 521-

WEIGAND, RUBEN (P00221172) 2000001825



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

AUTHORIZATION FOR ROI

- Completed by: Stacey Ridley

Charge RN on 3/10/2020 9:51:16 PM CDT

First Name: [REDACTED]	Last Name: (DOB) 11/11/11	Room: [REDACTED]	PICTURE NOT AVAILABLE
DOB: [REDACTED]	Sex: [REDACTED]	Age: [REDACTED]	
Weight: [REDACTED] 11	Height: ** [REDACTED] **	Type: [REDACTED]	
Notes: [REDACTED]			

THIS INFORMATION IS TO BE DISCLOSED TO: NaphCare, Inc.

Attention: Medical Records | Santa Ana City Jail | 62 Civic Center Plaza, Santa Ana, CA 92701 | (714) 245-8117 (phone) | (714) 245-8267 (fax)

THIS INFORMATION IS TO BE DISCLOSED BY: Any medical provider(s) or other covered entity which maintains protected health information for the patient listed above.

Signature: [REDACTED]

REASON FOR REQUESTED INFORMATION: Provision of health care/continuity of care.

TO BE READ AND SIGNED BY PATIENT/INMATE:

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. In accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This document authorizes physicians, administrators, records custodians, and all medical personnel to furnish full and complete medical reports and information hereby requested, to the recipient listed above.

2. This authorization includes but is not limited to, all hospital and medical records, writings, charts, notes, reports of operations, admission summaries, discharge summaries, consultations, nurses notes, medications, letters, documents, reports, x-ray reports, laboratory reports or results, any tests or test results, any rehabilitation and/or physical therapy records, and/or any other

WEIGAND, RUBEN (P00221172) 2000001825

A handwritten signature in black ink, consisting of a large, stylized '1' followed by a horizontal line with a loop at the end.

Patient Signature



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

9/24/2020 9:45:44 AM CDT

PHYSICAL ASSESSMENT

- Completed by: Stacey Ridley

Charge RN on 3/10/2020 9:50:17 PM CDT; Signed by: Rhea Marana NP on 3/11/2020 9:53:30 AM CDT

First: [REDACTED], [REDACTED]	DOB: (DOB) 11/11/1988 [REDACTED]	Sex: [REDACTED]	PICTURE NOT AVAILABLE
DOB: [REDACTED] (Age-38)	Sex: [REDACTED]	Sex: [REDACTED]	
Weight: 150.00 lb	Height: ** [REDACTED] **	Type: [REDACTED]	
Notes: [REDACTED]			

☒ Initial

Initial Receiving Screen reviewed [Open Last Exam](#)

☒ Yes

☐ [REDACTED]

☐ [REDACTED]

Initial Mental Health Screen reviewed [Open Last Exam](#)

☒ Yes

☐ [REDACTED]

☐ [REDACTED]

BP	Temp	Pulse	Resp	SaO2	Pain	Height(ft)
121/81	97.6	78	16	98	0	5
Height(in)	Weight	BMI	MAP			
9	198	29.2	94.33			

CLINICIAN'S OBSERVATIONS:

WEIGAND, RUBEN (P00221172) 2000001825

STATE OF CONSCIOUSNESS:☒ Alert☐ Stupor☐ Coma☐ Other**AFFECT:**☒ Appropriate☐ Flat☐ Labile☐ Inappropriate☐ Irritable☐ Suspicious☐ Other**OVERALL DEMEANOR:**☐ Anxious☒ Cooperative☐ Hostile☐ Incontinent☐ Other**PHYSICAL EXAM****NEW INJURIES:**☒ None☐ Abrasion☐ Laceration☐ Bruise☐ Contusion☐ Swelling☐ Fracture/Dislocation☐ Laceration/Amputation☐ Other**HEENT:**☒ PERRLA☐ Bilateral conjunctival injection☒ No trauma to head, face, or neck☒ External canals normal☐ External canals abnormal☒ Neck supple, normal range of motion☐ Other**DENTAL:**

Other notable notes:

Pt denies any dental pain/issues at present

CARDIOVASCULAR:

☒ Regular rate, normal s1 and s2

☒ No murmurs

RESPIRATORY:

☒ Respirations even, unlabored, and normal rate

☒ Lung sounds clear and equal in all lung fields

☒ No wheezes

ABDOMINAL:

☒ Abdomen soft, nontender, nondistended

☒ No hernia or masses palpated

☒ Bowel sounds active and normally pitched

☒ No

☒ No rashes

MUSCULOSKELETAL/SKIN

☒ Grossly normal strength and function of all extremities

☒ Gait normal with no limitations for ADL's

☒ No injuries or infections on extremities

☒ No rashes

TUBERCULOSIS SYMPTOMS:

Has no cough, hemoptysis, fevers, night sweats, blood in sputum

☒ No

☒ No

☒ No



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

MENTAL HEALTH SCREENING - Completed by:

Stacey Ridley Charge RN on 3/10/2020 9:47:53 PM CDT

First Name: [REDACTED]	Last Name: (DOB) 11/11/1988	Room: [REDACTED]	PICTURE NOT AVAILABLE
DOB: [REDACTED]	Sex: [REDACTED]	Race: [REDACTED]	
Weight: 150 lbs	Height: 5' 10"	Type: [REDACTED]	
Notes: [REDACTED]			

BP	Temp	Pulse	Resp	SaO2	Pain	Height(ft)
121/81	97.6	78	16	98	0	5
Height(in)	Weight	BMI	MAP			
9	198	29.2	94.33			

Current Allergies

No Known Drug Allergy, No Known Food Allergy

Screeners: All questions in this form must be addressed. For questions with a single checkbox, by leaving the checkbox unselected, you are documenting your conclusion that all parameters of the question are false. By selecting the checkbox, you are acknowledging a positive response to the item and further documentation must be provided in the corresponding text box.

SUICIDE RISK ASSESSMENT - Select and document all that apply

Does/Has the inmate: (Select all that apply)

WEIGAND, RUBEN (P00221172) 2000001825

Receiving screen response:

1) Did you ever have suicidal thoughts?

Receiving screen response:

1) Did you ever injure yourself or self-harm?

1) Did you ever have thoughts of suicide?

1) Did you ever have suicidal thoughts?

17) Did you ever have thoughts of suicide?

17) Did you ever have thoughts of suicide?

Receiving screen response:

18) Abused alcohol or sedatives?

Receiving screen response:

19) Experienced significant alcohol or drug withdrawal, including any history of withdrawal seizures?

Receiving screen response:

20) Been in inpatient or outpatient detoxification or had any hospitalizations related to substance abuse?

GENERAL ASSESSMENTS - Select and document all that apply

01/10/2020 10:10:10 AM

Housing Assignment:

- ☒ General Population
- ☐ Correctional/Confinement
- ☐ Suburban
- ☐ Other

Discharge Planning:

01/10/2020 10:10:10 AM

01/10/2020 10:10:10 AM

01/10/2020 10:10:10 AM

01/10/2020 10:10:10 AM

Resource Info Packet

01/10/2020 10:10:10 AM

01/10/2020 10:10:10 AM

01/10/2020 10:10:10 AM



Patient Signature

Is the arresting officer aware of any of the following?:

	Yes	No	NA
Illness or Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current/Recent Mental Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Influence of Drugs or Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive, Defensive or Extremely Hostile Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment by Medical Personnel in the Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

URGENT ASSESSMENT—Select and Document all that apply**Does the screener observe or is the inmate demonstrating any of the following?:**

☐ Intimidation, verbal abuse, threats, sexual harassment, physical abuse, sexual assault

☐ Hostility, verbal, physical, sexual, religious, racial, ethnic, sexual, or other hostility, discrimination

☐ Intoxication, impairment, disorientation, suicidal ideation, suicidal ideation, suicidal ideation, suicidal ideation

☐ Self-harm, suicidal ideation, suicidal ideation

☐ Sexual harassment, sexual abuse, sexual assault

CHRONIC CONDITIONS—Select and Document all that apply**Neurological**

☐ Seizure Disorder
☐ Dementia

☐ Multiple Chemical Sensitivity
☐ Head Injury

☐ Stroke

Respiratory

☐ Asthma

☐ COPD/Emphysema

WEIGAND, RUBEN (P00221172) 2000001825

GENERAL MENTAL HEALTH ASSESSMENTS—Select and Document all that apply

Mental Health History

List diagnosis, location, when it occurred, and what treatments below

Please provide location, when and reason below

List when occurred, what method, and where treated below

initial full blood count

also include full blood count, urinalysis, and chest x-ray

Test results must be reviewed

Housing Assignment:

General Population
Isolation
Quarantine

Segregation/Confinement
Low Risk

EMU Unit/Housing
Quarantine

EMU
Unit

Segregation
Confinement

EMU Unit
Housing

EMU Segregation
Confinement

Clinical Comments:

Patient is a full book, per booking officer

Pt is alert & oriented x4, cooperative, no SCB and in NAD, stable gait.

Denies any recent injuries, open wounds, active bleeding at this time.

Patient denies any seizures within the last 72 hours. Patient denies any head injuries within the last 72 hours.

No hx of seizures.

Denies SI/HI at this time.

Denies any recent ETOH use. Denies any recent drug use.

No lice or lice eggs visible at this time. Denies itchiness on the head.

Denies any rash on the body.

EMU Segregation



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

9/24/2020 9:45:48 AM CDT

GENERAL INFORMED CONSENT - Completed

by: Stacey Ridley Charge RN on 3/10/2020 9:39:50 PM CDT

First: [REDACTED]	DOB: (DOB) 11/11/1988	Sex: [REDACTED]	PICTURE NOT AVAILABLE
DOB: [REDACTED]	Sex: [REDACTED]	Sex: [REDACTED]	
DOB: [REDACTED]	DOB: **[REDACTED]**	DOB: [REDACTED]	
DOB: [REDACTED]			

English

I hereby give my consent to NaphCare, Inc., its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician. I also agree to engage in consultation with a licensed professional using the telemedicine format. I know and understand that the telemedicine process involves real-time audio and video technology, and that any care rendered to me via telemedicine or face-to-face by the medical staff, may involve the recording of data as part of the diagnostic and therapeutic process. I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments, consultations or examinations performed by NaphCare, Inc. I understand that I may withdraw this consent to any specific treatment by refusing the treatment or test. I sign this willingly in full understanding of the above. PREA Announcement: If you are a victim or a perpetrator of a sexual assault, whether it's recent or in the past, mental health staff is available to help you within 14 days of admission to the facility by simply submitting a request for health care form as described in your inmate handbook provided to you by the facility. If you feel that you need help to keep from sexually assaulting someone else, mental health services are available to help you. I have been instructed on and understand the sick call process, oral hygiene and preventative oral care, grievance process, and fee-for-service. I have also been instructed on the process for obtaining medication upon discharge from the facility.



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

Inmate: WEIGAND, RUBEN

Patient ID: P00221172 (2000001825)

DOB: [REDACTED] **Race:** W **Sex:** M

Ordering Provider: RHEA MARANA
(1316331663)

Lab Reference ID: 92905416853C

Report Last Updated: 9/15/2020 8:35:30 PM
CDT

Comprehensive Metabolic Panel (3427-2)

Resulted: 9/13/2020 9:05:00 PM CDT

Specimen Collection Date:

9/13/2020 09:05 PM CDT

Test Name	Value	Range	Flags	Status	Observation Time
A/G Ratio (BRLI: 0641-1)	2.6 Ratio	1.1-2.9		Final	9/15/2020 6:20:00 PM CDT
Sodium (BRLI: 0148-7)	136 mmol/L	136-145		Final	9/15/2020 6:20:00 PM CDT
Potassium (BRLI: 0129-7)	4.0 mmol/L	3.5-5.5		Final	9/15/2020 6:20:00 PM CDT
Chloride (BRLI: 0057-0)	97 mmol/L	98-107	Below Low Normal	Final	9/15/2020 6:20:00 PM CDT
CO2 (BRLI: 0052-1)	28 mmol/L	22-29		Final	9/15/2020 6:20:00 PM CDT
BUN (BRLI: 0049-7)	8 mg/dL	6-20		Final	9/15/2020 6:20:00 PM CDT
<p>NOTE: Elevated IgG results of >2800 mg/dL may cause interference with the Total Bilirubin assay and cause a falsely elevated value.</p> <p>NOTE: Elevated serum paraproteins, chiefly of the IgM type, may cause interference with direct and total bilirubin assays, and cause a falsely elevated value.</p>					
Creatinine (BRLI: 0070-3)	0.82 mg/dL	0.67-1.31		Final	9/15/2020 6:20:00 PM CDT
e-GFR (BRLI: 090013-4)	112 mL/min	>or=60		Final	9/15/2020 6:20:00 PM CDT
e-GFR, African American (BRLI: 090015-9)	130 mL/min	>or=60		Final	9/15/2020 6:20:00 PM CDT
Total Protein (BRLI: 0135-4)	6.2 g/dL	6.6-8.7	Below Low Normal	Final	9/15/2020 6:20:00 PM CDT
Albumin (BRLI: 0033-1)	4.5 g/dL	3.5-5.2		Final	9/15/2020 6:20:00 PM CDT
Globulin (BRLI: 1753-3)	1.7 g/dL	1.7-3.7		Final	9/15/2020 6:20:00 PM CDT
AST (BRLI: 0146-1)	14 U/L	<40		Final	9/15/2020 6:20:00 PM CDT
ALT (BRLI: 0147-9)	22 U/L	<41		Final	9/15/2020 6:20:00 PM CDT
Glucose (BRLI: 1976-0)	97 mg/dL	70-99		Final	9/15/2020 6:20:00 PM CDT
BUN/Creat Ratio (BRLI: 1427-4)	9.8 Ratio	10.0-28.0	Below Low Normal	Final	9/15/2020 6:20:00 PM CDT
Calcium (BRLI: 0050-5)	9.6 mg/dL	8.6-10.4		Final	9/15/2020 6:20:00 PM CDT
Bilirubin, Total (BRLI: 0043-0)	1.7 mg/dL	<1.2	Above High Normal	Final	9/15/2020 6:20:00 PM CDT
Alk Phos (BRLI: 0185-9)	65 U/L	40-156		Final	9/15/2020 6:20:00 PM CDT

NON FASTING

WEIGAND, RUBEN (P00221172) 2000001825



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

Inmate: WEIGAND, RUBEN

Patient ID: P00221172 (2000001825)

DOB: [REDACTED] **Race:** W **Sex:** M

Ordering Provider: RHEA MARANA
(1316331663)

Lab Reference ID: 05184614930D

Report Last Updated: 9/11/2020 12:08:25
AM CDT

Comprehensive Metabolic Panel (3427-2)

Resulted: 9/9/2020 6:50:00 AM CDT

Specimen Collection Date:

9/9/2020 06:50 AM CDT

Test Name	Value	Range	Flags	Status	Observation Time
Total Protein (BRLI: 0135-4)	6.5 g/dL	6.6-8.7	Below Low Normal	Final	9/10/2020 9:13:00 AM CDT
Albumin (BRLI: 0033-1)	4.7 g/dL	3.5-5.2		Final	9/10/2020 9:13:00 AM CDT
Globulin (BRLI: 1753-3)	1.8 g/dL	1.7-3.7		Final	9/10/2020 9:13:00 AM CDT
A/G Ratio (BRLI: 0641-1)	2.6 Ratio	1.1-2.9		Final	9/10/2020 9:13:00 AM CDT
Sodium (BRLI: 0148-7)	141 mmol/L	136-145		Final	9/10/2020 9:13:00 AM CDT
Potassium (BRLI: 0129-7)	5.4 mmol/L	3.5-5.5		Final	9/10/2020 9:13:00 AM CDT
Chloride (BRLI: 0057-0)	103 mmol/L	98-107		Final	9/10/2020 9:13:00 AM CDT
CO2 (BRLI: 0052-1)	28 mmol/L	22-29		Final	9/10/2020 9:13:00 AM CDT
BUN (BRLI: 0049-7)	8 mg/dL	6-20		Final	9/10/2020 9:13:00 AM CDT
Creatinine (BRLI: 0070-3)	1.23 mg/dL	0.67-1.31		Final	9/10/2020 9:13:00 AM CDT
e-GFR (BRLI: 090013-4)	74 mL/min	>or=60		Final	9/10/2020 9:13:00 AM CDT
e-GFR, African American (BRLI: 090015-9)	86 mL/min	>or=60		Final	9/10/2020 9:13:00 AM CDT
BUN/Creat Ratio (BRLI: 1427-4)	6.5 Ratio	10.0-28.0	Below Low Normal	Final	9/10/2020 9:13:00 AM CDT
Calcium (BRLI: 0050-5)	10.0 mg/dL	8.6-10.4		Final	9/10/2020 9:13:00 AM CDT
Bilirubin, Total (BRLI: 0043-0)	2.2 mg/dL	<1.2	Above High Normal	Final	9/10/2020 9:13:00 AM CDT

NOTE: Elevated IgG results of >2800 mg/dL may cause interference with the Total Bilirubin assay and cause a falsely elevated value.

NOTE: Elevated serum paraproteins, chiefly of the IgM type, may cause interference with direct and total bilirubin assays, and cause a falsely elevated value.

Alk Phos (BRLI: 0185-9)	77 U/L	40-156		Final	9/10/2020 9:13:00 AM CDT
AST (BRLI: 0146-1)	20 U/L	<40		Final	9/10/2020 9:13:00 AM CDT
ALT (BRLI: 0147-9)	35 U/L	<41		Final	9/10/2020 9:13:00 AM CDT
Glucose (BRLI: 1976-0)	91 mg/dL	70-99		Final	9/10/2020 9:13:00 AM CDT

Reviewed By rhea.marana on 8/17/2020 11:17:37 AM



Santa Ana City Jail
62 Civic Center Plaza
Santa Ana, CA 92701

Inmate: WEIGAND, RUBEN

Patient ID: P00221172 (2000001825)

DOB: [REDACTED] Race: W Sex: M

Ordering Provider: *PROVIDER NAME NOT
REPORTED BY LAB*

Lab Reference ID: N/A

Report Last Updated: 8/14/2020 2:23:03 PM
CDT

Manual Urinalysis Dipstick Test

Resulted: 8/14/2020 2:21:46 PM CDT

Test Name	Value	Range	Flags	Status	Observation Time
Specimen Type	Random			Manual, Final	8/14/2020 2:21:46 PM CDT
SP. GRAVITY	1.010			Manual, Final	8/14/2020 2:21:46 PM CDT
pH	6.0 %			Manual, Final	8/14/2020 2:21:46 PM CDT
LEUKOCYTES	Negative			Manual, Final	8/14/2020 2:21:46 PM CDT
NITRITE	Positive			Manual, Final	8/14/2020 2:21:46 PM CDT
PROTEIN	Negative			Manual, Final	8/14/2020 2:21:46 PM CDT
GLUCOSE	Normal			Manual, Final	8/14/2020 2:21:46 PM CDT
KETONE	Negative			Manual, Final	8/14/2020 2:21:46 PM CDT
UROBILINOGEN	Normal			Manual, Final	8/14/2020 2:21:46 PM CDT
BILIRUBIN	+++Large			Manual, Final	8/14/2020 2:21:46 PM CDT
BLOOD/HBG	Negative			Manual, Final	8/14/2020 2:21:46 PM CDT
Control Number	URS9100142			Manual, Final	8/14/2020 2:21:46 PM CDT
Expiration Date	12/18/2021			Manual, Final	8/14/2020 2:21:46 PM CDT

MANUAL ENTRY BY Romero, Ariadne LVN on 8/14/2020 12:23:03 PM - Result Date: 8/14/2020 12:21:46 PM

Test Name	Value	Range	Flags	Status	Observation Time
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Hepatitis B Result Interpretation

(for reference use only)

Marker	LI/EA*	Acute	Past	Chronic	HBV Vacc.

HBsAg	+	+	-	+	-
HBeAg	+	+	-	+/-	-
HEP.B.CORE AB,IgM	-	+	-	-	-
HEP.B.CORE AB.	-	+	+	+	-
HBeAb	-	-	+/-	+/-	-
HBsAb	-	-	+/-	-	+

*Late Incubation/Early Acute

NOTE: In remote past infection, HBsAb level may be Negative or Non-Reactive in some patients.

HEP. B SURF. Ag (BRLI: 0106-5)	Non-Reactive	Non-Reactive	Final	8/15/2020 10:26:00 AM CDT
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Hepatitis B Result Interpretation

(for reference use only)

Marker	LI/EA*	Acute	Past	Chronic	HBV Vacc.

HBsAg	+	+	-	+	-
HBeAg	+	+	-	+/-	-
HEP.B.CORE AB,IgM	-	+	-	-	-
HEP.B.CORE AB.	-	+	+	+	-
HBeAb	-	-	+/-	+/-	-
HBsAb	-	-	+/-	-	+

*Late Incubation/Early Acute

NOTE: In remote past infection, HBsAb level may be Negative or Non-Reactive in some patients.

HEP C Ab. (S/CO RATIO) (BRLI: B787-3)	0.16	<0.80	Final	8/15/2020 10:29:00 AM CDT
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HEP. C Ab. (BRLI: B788-1)	Non-Reactive	Non-Reactive	Final	8/15/2020 10:29:00 AM CDT
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Comprehensive Metabolic Panel (3427-2)

Resulted: 8/11/2020 10:02:00 PM CDT

Specimen Collection Date: 8/11/2020 10:02 PM CDT

Test Name	Value	Range	Flags	Status	Observation Time
Glucose (BRLI: 1976-0)	79 mg/dL	70-99		Final	8/13/2020 1:22:00 PM CDT
Total Protein (BRLI: 0135-4)	7.1 g/dL	6.6-8.7		Final	8/13/2020 1:22:00 PM CDT
Albumin (BRLI: 0033-1)	4.9 g/dL	3.5-5.2		Final	8/13/2020 1:22:00 PM CDT
Globulin (BRLI: 1753-3)	2.2 g/dL	1.7-3.7		Final	8/13/2020 1:22:00 PM CDT
A/G Ratio (BRLI: 0641-1)	2.2 Ratio	1.1-2.9		Final	8/13/2020 1:22:00 PM CDT
Sodium (BRLI: 0148-7)	141 mmol/L	136-145		Final	8/13/2020 1:22:00 PM CDT
Potassium (BRLI: 0129-7)	4.1 mmol/L	3.5-5.5		Final	8/13/2020 1:22:00 PM CDT
Chloride (BRLI: 0057-0)	97 mmol/L	98-107	Below Low Normal	Final	8/13/2020 1:22:00 PM CDT
CO2 (BRLI: 0052-1)	30 mmol/L	22-29	Above High Normal	Final	8/13/2020 1:22:00 PM CDT

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